

DRAFT
LAW OF REPUBLIC OF INDONESIA
NUMBER 36, year 2009
ON
HEALTH

IN THE NAME OF GOD THE ALMIGHTY
THE PRESIDENT OF REPUBLIC OF INDONESIA,

- Considering : a. whereas health is a basic right of human being and one of the elements of welfare to realize in accordance with the goals of Indonesian people as intended in Pancasila and Constitution of Republic of Indonesia 1945;
- b. whereas every activity that seeks to maintain and promote the degree of community health to the maximum extent shall be made based on non-discriminative, participative, and sustainable principles with respect to the development of Indonesian human resources, and to improve the tenacity and competitiveness of the people for the sake of national development;
- c. whereas every matter that may harm the health of Indonesian people will pose significant

economic losses to the state, and any effort to improve the degree of the community health also means investment for the country development;

- d. whereas every development initiative should be based on health insights meaning that the national development should take community health into consideration and the same should be the responsibility of all stakeholders, both the Government and the people;
- e. whereas Law Number 23 of 1992 on Health is no longer suitable with the progress, demand, and need for law of the people so that it should be revoked and replaced with a new Law on Health;
- f. whereas based on consideration as intended in letter a, letter b, letter c, letter d, and letter e it is necessary to establish a Law on Health;

Bearing in mind: Article 20, Article 28H paragraph (1), and Article 34 paragraph (3) of Constitution of Republic of Indonesia 1945;

With Mutual Approval of

HOUSE OF REPRESENTATIVES OF REPUBLIC OF INDONESIA
AND THE PRESIDENT OF REPUBLIC OF INDONESIA

IT HAS BEEN DECIDED:

To stipulate : LAW ON HEALTH.

CHAPTER I
GENERAL PROVISION

Article 1

Herein, meant by:

1. Health is a health condition, physically, mentally, spiritually and socially so that enabling any person to live a productive life socially and economically.
2. Resources of health refers to any kind of fund, power, health supply, pharmacy supply and health equipments as well as health service facilities and technology used to maintain health efforts made by the Government, local government, and/or the people.
3. Health supply refers to all materials and equipments needed to maintain health efforts.
4. Pharmacy supply refers to medicines, medicine materials, traditional medicines, and cosmetics.
5. Health equipments refer to instruments, apparatus, machinery and/or implants that do not contain medicines used to prevent, diagnose, cure and relieve illness, to take care of sick people, to

recover man's health, and/or to establish structure and fix body's functions.

6. Health personnel refer to any person who pay their service in health and maintain knowledge and/or skill from education in health which, for certain types, require an authority to carry out health efforts.
7. Health service facilities refer to any equipment and/or place used to maintain health service efforts, promotional, preventive, curative or rehabilitative made by Government, local government, and/or the people.
8. Medicine refers to material or combination of materials, including biological product used to affect or investigate physiological system or pathological condition with respect to stipulation of diagnosis, prevention, cure, recovery, health promotion and contraception, for mankind.
9. Traditional medicine refers to material or ingredients in the form of plant substance, animal substance, mineral, extracts, or combination of such substances which have been used for medication for generations, and may be applied according to the prevailing norms in the society.
10. Health technology refers to any form of equipment and/or methodology aim to help confirming diagnosis, prevention, and human health problems handling.

11. Health efforts refer to any activity and/or a series of activities carried out integrally and continuously to maintain and promote the community health degree in the form of prevention of disease, health promotion, disease medication, and health recovery by the government and/or the people.
12. Promotional health service refers to any activity and/or a series of activities of health service that focus more on health promotion activities.
13. Preventive health service refers to any prevention activity against health problems/disease.
14. Curative health service refers to any activity and/or a series of activities of medication aim to administrate cure of disease, relief of disease-related suffers, disease control, or control of deformity so that the quality of the sufferer can be maintained optimally.
15. Rehabilitative health service refers to any activity and/or a series of activities to return former sufferer back to the community so that he/she can resume his/her functions as the member of the community who is useful for him/herself and the community to the best he/she is capable.
16. Traditional health service refers to medication and/or maintenance with manners and medicines that refer to hereditary experience and skill empirically accountable and applicable according to the prevailing norms in the community.

17. Central Government, hereinafter referred to as the Government, refers to the President of Republic of Indonesia holding the power of the Government of Republic of Indonesia as contemplated in the Constitution of Republic of Indonesia 1945.
18. Local government refers to the governor, regent, or mayor and local government apparatus being the executives of local government.
19. Minister refers to minister whose scope of functions and responsibility cover health.

CHAPTER II

PRINCIPLES AND OBJECTIVES

Article 2

Health development is held under the principles of humanity, balance, usefulness, protection, respect to the right and obligation, justice, gender and non-discriminative and religious norms.

Article 3

Health development aims to improve awareness, willingness, and living healthy capability of every individual so that to realize maximum community health degree being investment for the development of productive human resources socially and economically.

CHAPTER III
RIGHT AND OBLIGATION

Section One

Right

Article 4

Every people is entitled for health.

Article 5

- (1) Every people shall have equal right in obtaining access to health resources.
- (2) Every people shall have right to obtain safe, quality, and affordable health service.
- (3) Every people shall have the right to independently and accountably determine the health service needed for their own.

Article 6

Every people shall have the right to have healthy environment in order to achieve health degree.

Article 7

Every people shall have the right to get balance and accountable information and education on health.

Article 8

Every people shall have the right to get information on their own health particular including measures and medication that have been administered or to administer by health personnel.

Section Two

Obligation

Article 9

- (1) Every people shall be obliged to participate in the realization, maintenance, and improvement of community health degree to the maximum extent.
- (2) Obligation as intended in paragraph (1) shall in the implementation individual include health efforts, community health efforts, and health-base development.

Article 10

Every people shall be obliged to respect to other's right in the efforts to have healthy environment, physically, biologically, and socially.

Article 11

Every people shall be obliged to maintain healthy behavior in order to realize, maintain, and promote health to the maximum extent.

Article 12

Every people shall be obliged to maintain and improve health degree

of others person his/her responsibility.

Article 13

- (1) Every people shall be obliged to participate in social health insurance scheme.
- (2) The social health insurance scheme as intended in paragraph (1) shall be provided by a statutory regulation.

CHAPTER IV

GOVERNMENT RESPONSIBILITY

Article 14

- (1) The Government shall be responsible to plan, regulate, implement, cultivate, and supervise the implementation of well distributed and affordable health for the people.
- (2) The Government responsibility as intended in paragraph (1) is especially for public service.

Article 15

The Government shall be responsible for the availability of environment, arrangement, health facilities, physically or socially, for the people in order to achieve maximum health degree.

Article 16

The Government shall be responsible for the availability of fair and

evenly distributed resources of health for all people in order to achieve maximum health degree.

Article 17

The Government shall be responsible for the availability of access to information, education, and health service facilities in order to improve and maintain maximum health degree.

Article 18

The Government shall be responsible for empowering and encouraging active participation of the people in any form of health efforts.

Article 19

The Government shall be responsible for the availability of any form of quality, safe, efficient, and affordable health efforts.

Article 20

- (1) The Government shall be responsible for the implementation of community health insurance through national social insurance system for individual health efforts.
- (2) The implementation of social insurance system as intended in paragraph (1) shall be in accordance with the statutory regulation.

CHAPTER V
RESOURCES IN HEALTH

Section One
Health Personnel

Article 21

- (1) The Government shall arrange the planning, supply, empowerment, cultivation, and supervision of health personnel quality with respect to the implementation of health service.
- (2) The provision concerning the planning, supply, empowerment, cultivation, and supervision of health personnel quality as intended in paragraph (1) shall be provided for in a Government Regulation.
- (3) The provisions on health personnel shall be provided for in Law.

Article 22

- (1) Health personnel should have minimum qualification.
- (2) The provisions on the minimum qualification as intended in paragraph (1) shall be provided in a Minister Regulation.

Article 23

- (1) Health personnel shall be authorized to implement health service.
- (2) Authority to implement health service as intended in paragraph (1) shall be in accordance with the expertise faculty owned.

- (3) In implementing health service, health personnel shall be obliged to secure license from the government.
- (4) During providing health service as intended in paragraph (1) it is prohibited to give priority to material interest.
- (5) The provision concerning license as intended in paragraph (3) shall be provided in a Minister Regulation.

Article 24

- (1) Health personnel as intended in Article 23 should comply with code of ethics, standard of profession, right of health service user, standard of service, and standard operating procedures.
- (2) The provisions on code of ethics and standard of profession as intended in paragraph (1) shall be provided for by professional organization.
- (3) The provisions of right of health service users, standard of service, and standard operating procedures as intended in paragraph (1) shall be provided for in a Minister Regulation.

Article 25

- (1) Recruitment and improvement of health personnel quality shall be held by the Government, local government, and/or the people through education and/or training.
- (2) The implementation of education and/or training as intended in paragraph (1) shall be the responsibility of the government and local government.

- (3) The provision on the implementation of education and/or training as intended in paragraph (2) shall be provided for in the Government Regulation.

Article 26

- (1) The Government shall arrange the health personnel placement in order to evenly distribute health service.
- (2) Local government may recruit and empower health personnel according to the local needs.
- (3) The recruitment and empowerment of health personnel as intended in paragraph (2) shall observe:
 - a. the type of health service needed by the people;
 - b. the number of health service; and
 - c. the number of health personnel according to the existing health service work load.
- (4) The placement of health personnel as intended in paragraph (1) shall observe the right of the health personnel and the right of the people to have evenly distributed health service.
- (5) The provisions of the placement of the health personnel shall be provided for in a Government Regulation.

Article 27

- (6) Health personnel shall be entitled to get reward and legal protection in performing duties according to their profession.
- (7) Health personnel in performing their duties shall be obliged to

develop and improve knowledge and skill they have.

- (1) The provisions concerning right and obligation of health personnel as intended in paragraph (1) and paragraph (2) shall be provided for in a Government Regulation.

Article 28

- (1) For the purpose of legal interest, health personnel shall be obliged to carry out health examination at the request of law enforcers at the state's expenses.
- (2) Examination as intended in paragraph (1) shall be based on competency and authority according to the field of science owned.

Article 29

In case health personnel is alleged for committing ignorance in performing their profession, such ignorance should first be settled through mediation.

Section Two

Health Service Facilities

Article 30

- (1) Health service facilities, according to the type of the service include:
 - a. individual health service; and

- b. community health service.
- (2) Health service facilities as intended in paragraph (1) comprise:
- a. first level health service;
 - b. second level health service; and
 - c. third level health service.
- (3) Health service facilities as intended in paragraph (1) shall be implemented by the Government, local government, and private.
- (4) The provisions of requirements of health service facilities as intended in paragraph (2) and paragraph (3) shall be stipulated by the Government according to the prevailing provisions.
- (5) The provisions of health service facilities permit as intended in paragraph (2) and paragraph (3) shall be stipulated by the Government and local government.

Article 31

Health service facilities shall be obliged:

- a. to give broad access for the need of research and development in health; and
- b. to send report on the result of research and development to the local government or Minister.

Article 32

- (1) In emergency situation, health service facilities, either State or

- private, shall be obliged to provide health service for saving patient's life and first prevention against deformity.
- (2) In emergency, health service facilities, either State or private, may not reject patient and/or ask for down payment.

Article 33

- (1) Every management of community health service provider should have the required community health management competency.
- (2) Community health management competency as intended in paragraph (1) shall be provided for further in a Minister Regulation.

Article 34

- (1) Every management of individual health service facilities provider should have the required individual health management competency.
- (2) The health service facilities provider is prohibited to employ health personnel who do not have qualification and permit to perform professional job.
- (3) The provision as intended in paragraph (1) and paragraph (2) shall be provided further in a Statutory Regulation.

Article 35

- (1) Local Government may determine the number and type of health service facilities and awarding of operating license in its area.

- (2) The fulfillment of number and type of health service facilities as intended in paragraph (1) should be carried out by local government by observing:
- a. extent of area;
 - b. health need;
 - c. the population and distribution;
 - d. disease pattern;
 - e. use;
 - f. social function; and
 - g. capability to utilize technology.
- (3) The provision on the number and type of health service facilities and awarding of operating license as intended in paragraph (1) shall also be applicable for foreign health service facilities.
- (4) Provisions concerning the amount and type of health service facilities as intended in paragraph (2) does not apply to specific types of hospital quarantine, research, and asylum.
- (3) Further provisions regarding the conduct of health service facilities as intended in paragraph (1) and paragraph (2) regulated by Government Regulation.

Section Three Health supply

Article 36

- (1) The Government shall guarantee the availability, even distribution, and affordability of health supply, particularly

essential medicine.

- (2) In securing the availability of emergency medicine, the Government may make special policy for the provisioning and use of medicine and substance of medicine merit.

Article 37

- (3) Management of health supply should be maintained so that the basic need of the people for health supply is fulfilled.
- (4) Management of health supply in the form of essential medicine and certain basic health equipment shall be carried out by observing usage, price, and factors relating with even distribution.

Article 38

- (1) The Government shall encourage and direct the development of health supply by utilizing available national potential.
- (2) Development as intended in paragraph (1) shall be directed particularly for new medicine and vaccine and natural substance of medicine merit.
- (3) Development of health supply shall be carried out by observing environment preservation, including natural resources and social cultural.

Article 39

The provision concerning health supply shall be stipulated under

Minister Regulation.

Article 40

- (1) The Government shall establish list and type of medicine which should essentially available for the people interest.
- (2) The list and type of medicine as intended in paragraph (1) should be observed and perfected at the latest every 2 (two) years in accordance with the progress of need and technology.
- (3) The Government guarantees that medicine as intended in paragraph (1) is distributed evenly and affordable to the people.
- (4) In an emergency, the Government can do a special policy for the procurement and utilization of health supply.
- (5) The provision concerning emergency situation as intended in paragraph (4) shall be implemented with exception for provision on patent according to the statutory regulation on patent.
- (6) Health supply in the form of generic drug included in the list of national essential medicine should be guaranteed their availability and affordability, so that the price fixing shall be controlled by the Government.
- (7) Further provision concerning health supply as intended in paragraph (6) shall be provided for under Minister Regulation.

Article 41

- (8) Local government shall be authorized to plan the need for health

supply according to local need.

- (9) The authority to plan the need for health supply as intended in paragraph (1) shall observe the arrangement and cultivation of standard of service applicable in national scale.

Section Four

Technology and Technology Product

Article 42

- (1) Technology and health technology product shall be made available, researched, distributed, developed, and used for community health.
- (2) Health technology as intended in paragraph (1) shall include all methodologies and equipment used for preventing disease, detecting disease, relieving suffering due to disease, curing, minimizing complication, and recovering health after illness.
- (3) The provision concerning technology and health technology product as intended in paragraph (1) should meet the standard stipulated in the statutory regulation.

Article 43

- (1) The Government shall establish a body in charge of and is authorized to carry out filtering, arrangement, use, and supervision of application of technology and technology product.
- (2) The establishment of body as intended in paragraph (1) shall be

provided for in a Government Regulation.

Article 44

- (1) In developing technology as intended in Article 43 a experiment of technology or technology product may be carried out on human or animal.
- (2) Trial as intended in paragraph (1) shall be carried out provided that it does not harm people being the object of the experiment.
- (3) Experiment as intended in paragraph (2) should be carried out by an authorized person and with the consent of the object of experiment.
- (4) Research on animal shall guarantee the preservation of such animal and prevention of indirect adverse impacts on human health.
- (5) Further provision on the implementation of experiment on human as intended in paragraph (1) shall be provided for in a Government Regulation.

Article 45

- (1) People are prohibited to develop technology and/or technology product that may cause adverse impacts and risks on community health.
- (2) Further provision concerning the development of technology as intended in paragraph (1) shall be provided for in a Government

Regulation.

CHAPTER VI
HEALTH EFFORTS

Section One

General

Article 46

In order to realize maximum health degree for the people, integrated and comprehensive health efforts are made in the form of individual health efforts and community health efforts.

Article 47

Health efforts are made in the form of activities with promotional, preventive, curative, and rehabilitative approaches which are conducted integrally, comprehensively, and continuously.

Article 48

(1) Implementation of health efforts as intended in Article 47 shall be made through activities:

- a. health service;
- b. traditional health service;
- c. health promotion and disease prevention;
- d. disease cure and health recovery;
- e. reproduction health;

- f. family planning;
 - g. school health;
 - h. sports health;
 - i. health service on disaster;
 - j. blood service;
 - k. mouth and tooth health;
 - l. sight problem and hearing trouble handling;
 - m. dimension health;
 - n. security and use of pharmacy supplies and health equipments;
 - o. security of food and drinks;
 - p. security of addictive substance; and/or
 - q. body surgery.
- (2) Implementation of health efforts as intended in paragraph (1) shall be supported by health resources.

Article 49

- (1) The Government, local government and the people shall be responsible for implementation of health efforts.
- (2) Implementation of health efforts shall observe the social function, value, and religious norms, social cultural, moral, and profession ethics.

Article 50

- (1) The Government and local government shall be responsible for

- improving and developing health efforts.
- (2) Health efforts as intended in paragraph (1) shall at least satisfy the basic health needs of the people.
 - (3) The improvement and development of health efforts as intended in paragraph (1) shall be based on review and research.
 - (4) The provision concerning the improvement and development as intended in paragraph (1) shall be implemented through cooperation between the Government and cross sector.

Article 51

- (1) Health efforts shall be implemented to realize maximum health degree for individual or the community.
- (2) Health efforts as intended in paragraph (1) shall be based on minimum standard of service of health.
- (3) Further provision concerning the minimum standard of service of health as intended in paragraph (2) shall be provided for in a Government Regulation.

Section Two

Health Service

Section One

Provision of Service

Article 52

- (1) Health service comprises:

- a. individual health service; and
 - b. community health service.
- (2) Health service as intended in paragraph (1) include activities with promotional, preventive, curative, and rehabilitative approaches.

Article 53

- (1) Individual health service aims to cure disease and recover individual and family health.
- (2) Community health service aims to maintain and improve health and prevent disease for a group and the community.
- (3) The implementation of health service as intended in paragraph (1) should put on priority saving patient life above the other.

Article 54

- (1) Implementation of health service shall be carried out with responsibility, safely, quality, and distributed evenly and non-discriminative.
- (2) The Government and local government shall be responsible for the implementation of health service as intended in paragraph (1).
- (3) Supervision of the implementation of health service as intended in paragraph (1) shall be carried out by the Government, local government, and the people.

Article 55

- (1) The Government shall be obliged to stipulate the quality standard of health service.
- (2) The quality standard of health service as intended in paragraph (1) shall be provided for in a Government Regulation.

Section Two

Patient Protection

Article 56

- (1) Every people shall be entitled to accept or reject part or entire aid measures to provide to them after receiving and understanding the information concerning such measures completely.
- (2) The right to accept or reject as intended in paragraph (1) is not applicable for:
 - a. the sufferer of disease whose disease may be communicated fastly to wider community;
 - b. unconscious person; or
 - c. heavy mental disorder.
- (3) Provision concerning right to accept or reject as intended in paragraph (1) shall be provided according to the provision of statutory regulation.

Article 57

- (1) Every people shall be entitled for the confidentiality of their

personal health condition disclosed to the health service provider.

(2) Provision concerning right for confidentiality of personal health condition as intended in paragraph (1) is not applicable, in case of:

- a. order of Law;
- b. order of court;
- c. permission from the person concerned;
- d. people interest; or
- e. interest of such person.

Article 58

- (1) Every people shall be entitled to claim indemnity against others, health personnel, and/or health provider whom causing harms due to mistakes or ignorance in health service they receive.
- (2) Such claim as intended in paragraph (1) is not applicable for health personnel who carried out life-saving measures or deformity prevention in emergency situation.
- (3) Provision concerning procedures to make claim as intended in paragraph (1) shall be provided for according to the provision of statutory regulation.

Section Three

Traditional Health Service

Article 59

- (1) Based on the way of medication, traditional health service is divided into:
 - a. traditional health service using skill; and
 - b. traditional health service using ingredients.
- (2) Traditional health service as intended in paragraph (1) shall be cultivated and supervised by the Government so that the use and safety are accountable and do not contradict with religious norms.
- (3) Further provision concerning procedures and types of traditional health service as intended in paragraph (1) shall be provided for in a Government Regulation.

Article 60

- (1) Every people who provide traditional health service using equipment and technology should secure permit from the authorized health institution.
- (2) The use of equipment and technology as intended in paragraph (1) should be accountable the use and safety and do not contradict with religious norms and culture of the society.

Article 61

- (1) The people are given with broad opportunity to develop, improve and use traditional health service of which the use and safety are accountable.

- (2) The Government shall regulate and supervise traditional health service as intended in paragraph (1) based on safety, interest, and people protection.

Section Four

Health Promotion and Disease Prevention

Article 62

- (1) Health promotion constitutes any form of effort made by the Government, local government, and/or the people to optimize health through counseling, dissemination of information, or other activities to support the achievement of healthy life.
- (2) Prevention of disease constitutes any form of effort made by the Government, local government, and/or the people to avoid or minimize risks, problems, and adverse impacts due to disease.
- (3) The Government and local government shall guarantee and provide facilities for the sustainability of health promotion and disease prevention efforts.
- (4) Further provision concerning the health promotion and disease prevention efforts shall be provided for in a Minister Regulation.

Section Five

Disease Cure and Health Recovery

Article 63

- (1) Disease cure and Health Recovery shall be implemented to return

- health status, return body functions due to disease and/or deformity, or to eliminate deformity.
- (2) Disease Cure and Health Recovery shall be carried out by control, medication, and/or treatment.
 - (3) Control, medication, and/or treatment may be carried out based on medical science and nursery science or other method of which the use and safety are accountable.
 - (4) Implementation of medication and/or treatment based on medical science or nursery science may only be carried out by health personnel with skill and authority for such purpose.
 - (5) The Government and local government shall carry out cultivation and supervision of implementation of medication and/or treatment or based on other accountable methods.

Article 64

- (1) Disease cure and Health Recovery may be carried out through transplantation of organ and/or body cells, implant of drugs and/or health equipments, plastic surgery and reconstruction, and use of elementary cells.
- (2) Transplantation of organ and/or body cells as intended in paragraph (1) shall only be carried out for humanity purpose and commercial use is prohibited.
- (3) Organ and/or body cells may not be traded due to whatever reason.

Article 65

- (1) Transplantation of organ and/or body cells may only be carried out by health personnel who have skills and authority for such purpose and carried out in certain health service facilities.
- (2) The taking of organ and/or body cells from a donor should observe the health of the donor concerned and secure consent from the donor and/or his/her heirs or family.
- (3) Provision concerning requirements and procedures of implementation of transplantation of organ and/or body cells as intended in paragraph (1) and paragraph (2) shall be provided in a Government Regulation.

Article 66

Cell transplantation, either derived from mankind or animal, may only be carried out when the safety and use has been evident.

Article 67

- (1) The taking and delivery of specimen or part of organ may only carried out by health personnel who have expertise and authority and carried out in a certain health service facilities.
- (2) Provision concerning requirements and procedures of taking and delivery of specimen of organ as intended in paragraph (1) shall be stipulated under statutory regulation.

Article 68

- (1) Implantation of drug and/or health equipments in human body may only be carried out by health personnel who have expertise and authority and carried out in a certain health service facilities.
- (2) Provision concerning requirements and procedures of implantation of drug and/or health equipments as intended in paragraph (1) shall be provided for in a Government Regulation.

Article 69

- (1) Plastic surgery and reconstruction may only carried out by health personnel health personnel who have expertise and authority for such purpose.
- (2) Plastic surgery and reconstruction tidak may not contradict with norms that prevail in the society and shall not aim to change identity.
- (3) Provision concerning requirements and procedures of plastic surgery and reconstruction as intended in paragraph (1) and paragraph (2) shall be provided for in a Government Regulation.

Article 70

- (1) The use of elementary cells may only be carried out for the purpose of disease cure and Health Recovery, and restricted for reproduction purpose.
- (2) Elementary cells as intended in paragraph (1) may not be derived from embryonic elementary cells.

- (3) Further provision concerning the use of elementary cells as intended in paragraph (1) and paragraph (2) shall be provided for in a Minister Regulation.

Section Six

Reproduction Health

Article 71

- (1) Reproduction health is intact physical, mental, and social health condition, not merely free from disease or deformity relating with system, function, and reproduction process on man and woman.
- (2) Reproduction health as intended in paragraph (1) includes:
- a. pre-pregnancy, pregnancy, natal, and post natal;
 - b. pregnancy arrangement, contraception, and sexual health; and
 - c. reproduction system health.
- (3) Reproduction health as intended in paragraph (2) shall be carried out through promotional, preventive, curative, and rehabilitative activities.

Article 72

Every people shall be entitled:

- a. to have healthy, safe reproduction life and sexual life and free from compulsion and/or violence with legal partner.
- b. to determine their reproduction life free from discrimination, compulsion, and/or violence which respects to high values and do

not humiliate human dignity according to religious norms.

- c. to determine on their own when and how often they want to reproduce which is medically healthy and does not contradict with religious norms.
- d. to obtain information, education, and counseling concerning true and accountable reproduction health.

Article 73

The Government shall be obliged to guarantee availability of information and safe, quality, and affordable reproduction health service facility for the people including family planning.

Article 74

- (1) Every promotional, preventive, curative, and/or rehabilitative health service reproduction, including reproduction with aid shall be carried out safely and healthily by observing typical aspects, especially female reproduction.
- (2) Implementation of reproduction health service as intended in paragraph (1) shall be carried out without infringing religious norms and the prevailing legal provisions.
- (3) Provision concerning reproduction with aid as intended in paragraph (1), shall be provided for in a Government Regulation.

Article 75

- (1) People are prohibited to carry out abortion.

- (2) Prohibition as intended in paragraph (1) may be exceptional based on:
- a. indication of medical emergency detected as of the early age of pregnancy, either those threatening the life of the mother and/or fetus, those suffering from serious genetical disease and/or inviable deformity, or those unfixable so that troubling the infant to live outside the womb; or
 - b. pregnancy due to rape that may cause psychological trauma to the victim;
- (3) Measures as intended in paragraph (2) may only be carried out following counseling prior to measures and ended with counseling post measures by competent and authorized counselor.
- (4) Further provision concerning indication of medical emergency and rape, as intended in paragraph (2) and paragraph (3) provided for in a Government Regulation.

Article 76

Abortion as intended in Article 75 may only be carried out:

- a. before the pregnancy reaches 6 (six) weeks from the first day of the last period, except in medical emergency situation;
- b. by health personnel who have expertise and authority and have certificate stipulated by the minister;
- c. with the consent of the pregnant mother concerned;

- d. with the consent of the husband, except rape victim; and
- e. in health service provider which satisfies the requirements stipulated by the Minister.

Article 77

The Government shall be obliged to protect and prevent woman from abortion practice as intended in Article 75 paragraph (2) and paragraph (3) which is of non quality, unsafe, and irresponsible and against religious norms and the provisions of statutory regulations.

Section Seven

Family Planning

Article 78

- (1) Health service in family planning aims to arrange pregnancy for productive couples in order to develop health and excellent succeeding generations.
- (2) The Government shall be responsible for and guarantee the availability of personnel, service facilities, equipment and medicines in providing safe, quality family planning service affordable to the people.
- (3) Provision concerning family planning service shall be implemented according to the statutory regulations.

Section Eight

School Health

Article 79

- (1) School health shall be implemented to improve living-health capability of the education participants in a healthy environment so that they can learn, grow, and develop harmonically and maximally to be quality human resources.
- (2) School health as intended in paragraph (1) shall be implemented through formal and informal schools or through other education institution.
- (3) Provision concerning school health as intended in paragraph (1) and paragraph (2) shall be provided for in a Government Regulation.

Section Nine

Sports health

Article 80

- (1) Health sports efforts aimed at improving health and fitness community.
- (2) Health promotion and physical fitness degree as intended in the paragraph (1) is the primary effort in improving learning achievement, work, and sports.
- (3) Health sports efforts as intended in paragraph (1) carried out through physical activity, physical exercise, and / or sports.

Article 81

- (1) Health efforts more major sports preventive and promotive

approach, without ignoring curative and rehabilitative approaches.

- (2) The health efforts organized by the government sports, local government, and society.

Section Ten

Health services in disasters

Article 82

- (1) Government, local government, and society responsible for availability of resources, facilities, and implementation of comprehensive health services in disasters and sustainable.
- (2) Health services as intended in paragraph (1) includes health services in emergency and disaster response.
- (3) Health services as intended in paragraph (2) includes emergency service that aims to save lives and prevent further deformity.
- (4) Government guaranteed financing of health services as intended in paragraph (1).
- (5) Financing as intended in paragraph (4) derived from the income and expenditure budget of the state (APBN), local budget revenue and expenditure (APBD), or public assistance in accordance with the statutory regulations.

Article 83

- (1) Every people who provide health services to disaster should be

directed to saving lives, preventing further deformity, and best interests of the patient.

- (2) Government guarantees legal protection for every people as intended in paragraph (1) in accordance with capabilities.

Article 84

Further provision about the organization of health services shall be provided for the disaster in a Minister Regulation.

Article 85

- (1) In an emergency, health service facilities, both government and private health services are required to provide the lifesaving disaster for the patient and preventing deformity.
- (2) Health service facilities in providing health services to disaster as intended in paragraph (1) prohibited from refusing patient and / or request a deposit in advance.

Section Eleven

Blood Service

Article 86

- (1) Blood Service is an effort to take advantage of health services of human blood as the raw material for the purpose of humanity and not for commercial purposes.
- (2) Blood as intended in paragraph (1) obtained from voluntary blood donors are healthy and meet the selection criteria for donors to prioritize health donors.

- (3) Blood obtained from voluntary blood donors as intended in paragraph (2) before being used for the blood service laboratory examination should be done to prevent the transmission of disease.

Article 87

- (1) Organization of blood donors and blood processing performed by the Blood Transfusion Unit.
- (2) Blood Transfusion Unit as intended in paragraph (1) can be held by the Government, local government, and / or social organizations and function main task in the field of *kepalangmerahan*.

Article 88

- (1) Service planning includes blood transfusion, blood donor recruitment, supply, distribution of blood, and medical measures to the patient giving blood for the purpose of disease cure and Health Recovery.
- (2) The blood transfusion service is done by maintaining the safety and health of blood recipients and health personnel from disease transmission through blood transfusion.

Article 89

Minister set the standards and requirements of blood management for blood transfusion service.

Article 90

- (1) Government responsible for the implementation of safe blood service, easy dioceses, and in accordance with the needs of the community.
- (2) Government guaranteed financing of the blood service organization.
- (3) Blood prohibited commercial use any pretext.

Article 91

- (1) Blood components can be used to cure diseases purpose and Health Recovery through processing and production.
- (2) The results of the processing and production process as intended in paragraph (1) controlled by the Government.

Article 92

Further provisions concerning the blood service shall be provided for in a Government Regulation.

Section Twelve

Dental and Oral Health

Article 93

- (1) Health service dental and mouth is to maintain and improve the health community in the form of dental health promotion, prevention of dental disease, dental disease treatment, teeth and Health Recovery by Government, local government, and / or community that is integrated, integrated and sustainable.
- (2) Health of teeth and mouth as intended in paragraph (1) be

implemented through individual dental health services, community dental health services, school dental health efforts.

Article 94

Government and local government must ensure the availability of personnel, service facilities, equipment and medicines teeth and mouth health in order to provide dental health services and the mouth of a safe, quality, and affordable by the community.

Section Thirteen

Sight Problems and Hearing Disorder Handling

Article 95

- (1) Reduction visual impairment and hearing loss is the activity performed service includes promotive, preventive, curative, and rehabilitative which aimed to improve health degree sight, and hearing people.
- (2) The activity as intended in paragraph (1) a government responsibility, local government, and society.

Article 96

Provision concerning further reduction of vision and hearing disorders shall be provided for in a minister Regulation.

Section Fourteen

Dimension Health

Article 97

- (1) Health dimensions of health as a special form of organized

efforts to realize the maximum degree in health-paced environment dimension in the environment changes and land, sea, and air.

- (2) Health dimensions include health field, health and underwater marine, aerospace and health.
- (3) Organization of health dimension should be conducted in accordance with the standards and requirements.
- (4) Provision concerning health dimensions as intended in this article shall be provided for in a minister Regulation.

Section Fifteen

Security and Use of Pharmaceutical Preparations and Health equipments

Article 98

- (1) The preparation of pharmaceutical and health equipments should be safe, efficacious / benefit, quality, and affordable.
- (2) Every people who do not have the expertise and authority is prohibited conduct, store, process, promote, and distribute medicines and medicinal materials.
- (3) Provision concerning procurement, storage, processing, promotion, circulation of pharmaceuticals and health equipments to meet quality service standards established by the pharmaceutical Government Regulation.
- (4) Government is obliged to develop, manage, control, and

supervise the procurement, storage, promotion, and circulation as intended in paragraph (3).

Article 99

- (1) Source of pharmaceuticals derived from the universe and has proven efficacious and safe for use in the prevention, treatment, and / or treatment, and health care still must be preserved.
- (2) People are given the opportunity the widest possible to cultivate, produce, distribute, develop, enhance, and use of pharmaceutical benefits can be accounted for and safety.
- (3) Government to ensure development and maintenance of pharmaceuticals.

Article 100

- (1) Source of traditional medicine that has proven efficacious and safe for use in the prevention, treatment, care, and / or maintenance of health remains preserved.
- (2) Government ensures development and maintenance of traditional medicine materials.

Article 101

- (1) People are given the opportunity the widest possible to cultivate, produce, distribute, develop, enhance, and use traditional medicine which can be accounted for the benefit and safety.
- (2) Provision concerning processing, producing, distributing,

developing, improving, and using traditional medicine shall be provided for in a Government Regulation.

Article 102

- (1) The use of pharmaceuticals in the form of narcotics and psychotropic drugs can only be done by a doctor's prescription or dentist and forbidden to abuse.
- (2) Provision concerning narcotics and psychotropic shall be provided for in a Law.

Article 103

- (1) Every people that produce, store, distribute, and use of narcotics and psychotropic drugs must meet the standards and / or specific requirements.
- (2) Provision concerning production, storage, distribution, and use of narcotics and psychotropic drugs as intended in paragraph (1) shall be provided for in a Law.

Article 104

- (1) Security pharmaceutical and health equipments carried out to protect people from harm caused by the use of pharmaceutical and health equipments that do not meet the quality requirements and / or security and / or efficacy / usefulness.
- (2) The use of drugs and traditional medicine should be done rationally.

Article 105

- (1) The preparation of pharmaceutical drugs and drug raw materials must meet the pharmacopoeia requirements Indonesia or other standard books.
- (2) Pharmaceutical preparations in the form of traditional medicine and cosmetics and health equipments to meet the standards and / or the requirements stipulated.

Article 106

- (1) The preparation of pharmaceutical and health equipments can only be released after obtaining the marketing authorization.
- (2) Labeling and information pharmaceutical and health equipments to meet the requirements of objectivity and comprehensiveness, and not misleading.
- (3) Government authorities revoke the marketing authorization and ordered the withdrawal from circulation of pharmaceutical and health equipments that have obtained marketing authorization, which later proved not meet the quality requirements and / or security and / or utility, may be seized and destroyed in accordance with statutory regulations.

Article 107

Provision More information about the security of pharmaceuticals and health equipments set by Government Regulation.

Article 108

- (1) Practices that include making pharmaceutical including

pharmaceutical quality control, security, procurement, storage and distribution of drugs, services for prescription drugs, drug information services and drug development, drug material and traditional medicine should be carried out by health personnel with expertise and authority in accordance with statutory regulations.

- (2) Provision concerning the implementation of pharmacy practice as intended in paragraph (1) stipulated by Government Regulation.

Section Sixteen

Security of Food and Drinks

Article 109

Every people and / or legal entities that produce, process and distribute food and drinks that are treated as food and drinks results of genetic engineering technology are distributed to ensure that safe for humans, animals that eat humans, and environment

Article 110

Every people and / or legal entities that produce and promote food products and drinks and / or are treated as food and drinks are prohibited technology processed using words that mislead and / or are accompanied by a claim that could not be verified.

Article 111

- (1) Food and drinks are used for the public must be based on the

standards and / or health requirements

- (2) Food and drinks can only be released after obtaining marketing authorization in accordance with statutory provisions regulations.
- (3) Each food and drinks that are packed must be marked or a label that contains:
 - a. Product name;
 - b. List of materials used;
 - c. Net weight or net contents;
 - d. Name and address of those who produce or incorporate food and drinks into the territory of Indonesia
 - e. Date, month and year expiration.
- (4) The mark or label as intended in paragraph (1) must be done correctly and accurately.
- (5) Provision more information concerning labeling procedure as intended in paragraph (3) conducted in accordance with statutory provisions regulations.
- (6) Food and drinks that do not meet the standard provision, health requirements, and / or dangerous to health as intended in paragraph (1) prohibited for circulation, withdrawn from circulation, marketing authorization is revoked and confiscated to be destroyed in accordance with statutory provisions regulations.

Article 112

Government authorities and responsible for manage and oversee the production, processing, distribution of food, and drinks as intended in Article 109, Article 110, and Article 111.

Section Seventeen

Security of addictive substances

Article 113

- (1) Safeguarding the use of materials containing addictive substances directed so as not to disturb and endanger the health of individual, family, community, and environment.
- (2) Production, circulation, and use of materials containing addictive substances must meet the standards and / or requirements set forth.

Article 114

Every people who manufacture cigarettes or enter into Indonesian territory must include health warnings.

Article 115

- (1) Smoke free Area, among others:
 - a. Health service facilities;
 - b. the teaching-learning process;
 - c. where children play;
 - d. places of worship;
 - e. public transport;

- f. the workplace; and
 - g. public places and other places set.
- (2) Local government shall establish no smoking areas in the region.

Article 116

Provision concerning security further material containing addictive substances stipulated by Government Regulation.

Section Eighteen

body Surgery

Article 117

A person declared dead when the function of heart-circulatory system and respiratory system proved to have stopped permanently, or if the brain stem death has been proven.

Article 118

- (1) The body is not known to do the identification effort.
- (2) Government, local government, and society responsible for the identification efforts as intended in paragraph (1).
- (3) Provision concerning further efforts to identify the corpse as intended in paragraph (1) shall be provided for in a minister Regulation.

Article 119.

- (1) For the purposes of health research and product development service can be performed post-mortem examination at the hospital clinical.

- (2) A post-mortem clinical as intended in paragraph (1) intended to make the diagnosis and / or conclude the cause of death.
- (3) A post-mortem clinical as intended in paragraph (1) performed on patient consent during his lifetime or the written consent of kin patient.
- (4) In the case of suspected patient died of diseases that harm society and post-mortem examination is absolutely necessary for clinical diagnosis and / or cause of death, not required consent.

Article 120

- (1) For the purposes of education in the field of medicine and biomedical science can be done post-mortem anatomical education in hospital or in medical education institutions.
- (2) A post-mortem anatomical as intended in paragraph (1) can only be carried out on an unknown body or bodies which are not maintained by his family, with the approval of the person writing during his lifetime or family consent.
- (3) The body as intended in paragraph (2) should have been preserved, published to look for his family, and saved at least 1 (one) month from his death.
- (4) Provision more information concerning the post-mortem anatomical as intended in paragraph (1), paragraph (2), and paragraph (3) shall be provided for in a minister Regulation.

Article 121

- (1) A post-mortem and post-mortem clinical anatomical only be done by a doctor in accordance with the expertise and authority.
- (2) In the case at the time of clinical and post-mortem examination found the suspected anatomical crime, health personnel must report to the investigator in accordance with statutory regulations.

Article 122

- (1) For the purposes of law enforcement can be done post-mortem forensic statutory provision in accordance with regulations.
- (2) A post-mortem forensic as intended in paragraph (1) conducted by forensic specialists, or by another doctor in the absence of forensic specialists and referral to existing forensic specialist not possible.
- (3) Government and local government responsible for the availability of post-mortem forensic services in the region.
- (4) Provision concerning further implementation of a forensic post-mortem examinations shall be provided for in a minister Regulation.

Article 123

- (1) In the body has proven brainstem death can be taken as the utilization of donor organs for the benefit of Transplantation of organs.

- (2) Utilization of organ donors act as intended in paragraph (1) must meet the statutory provision regulations.
- (3) Provision more information concerning the determination of death and the use of organ donors as intended in paragraph (1) and paragraph (2) shall be provided for in a minister Regulation.

Article 124

Mortem examination by health personnel must be conducted in accordance with religious norms, the norms of decency, and ethics of the profession.

Article 125

Costs health checks for victims of crime and / or inspection bodies for the legal interests of government are borne by the State Budget and Budgets.

CHAPTER VII

MATERNAL, INFANT, CHILDREN, TEENS, ELDER AGE, AND DISABLE HEALTH

Section One Maternal, infants, and children health

Article 126

- (1) Health efforts should be directed to maternal health care so that mothers can give birth to a healthy generation and quality and reduce maternal mortality.
- (2) Health maternal efforts as intended in paragraph (1) includes efforts to promotional, preventive, curative and rehabilitative.

- (3) Government to ensure availability of personnel, facilities, equipment and drugs in the management of maternal health services in a safe, quality, and affordable.
- (4) Provision more information concerning maternal health services shall be provided for in a Government Regulation.

Article 127

- (1) Efforts pregnancy outside the natural way can only be done by married couples with legal provisions:
 - a. products of conception the sperm and ovum from the couple in question embedded in wife's womb from which the ova came from;
 - b. conducted by health personnel with expertise and authority to it; and
 - c. on a particular health service facilities.
- (2) Provision requirements concerning pregnancy outside the natural way as intended in paragraph (1) shall be provided for in a Government Regulation.

Article 128

- (1) Every baby is entitled to a mother's milk exclusively from birth for 6 (six) months, except for medical indications.
- (2) During breastfeeding, the family, Government, local government, and society should support mothers with babies full time and the provision of special facilities.

- (3) Provision of special facilities as intended in paragraph (2) was held in the workplace and place of public facilities.

Article 129

- (1) Government responsible for setting policies in order to guarantee the right baby to get breast milk exclusively.
- (2) Further Provision as intended in paragraph (1) shall be provided for in a Government Regulation.

Article 130

Government must give full immunization for all infants and children.

Article 131

- (1) Infant health maintenance efforts and the child should be directed to prepare future generations of healthy, intelligent, and quality and to reduce infant mortality and child.
- (2) Child health care efforts made since the child was still in the womb, birth, after birth, and until the age of 18 (eighteen) years.
- (3) Health efforts in children as intended paragraph (1) the responsibility and obligation with the parents, families, communities, and Government, local government.

Article 132

- (1) Children who are born must be raised and cared for by responsible for allowing the child to grow and develop in a healthy and optimized.

- (2) Provision concerning children born as intended in paragraph (1) conducted in accordance with statutory regulations.
- (3) Every child has the right to basic immunization in accordance with the applicable provisions to prevent the disease, which can be avoided through immunization.
- (4) Provision more information concerning the types of primary immunization as intended in paragraph (3) established by Minister Regulation.

Article 133

- (1) Each eligible infants and children are protected and spared from any form of discrimination and acts of violence that could disrupt healthy.
- (2) Government, local government, and society is obligated to ensure the protection of infants and children as intended in paragraph (1) and provide health services as needed.

Article 134

- (1) Government is obliged to set standards and / or criteria for infant and child health and ensure their implementation and allows each organization to the standards and criteria.
- (2) Standard and / or criteria as intended in paragraph (1) must be held in accordance with the considerations of morality, religion, and regulations based on statutory provisions.

Article 135

- (1) Government, local government, and communities must provide places and other facilities necessary for children to play which enables children to grow and develop optimally, and able to socialize in a healthy way.
- (2) Playground and other necessary facilities as intended in paragraph (1) must be equipped for protection against health risks so as not to endanger the health of children.

Section Two

Adolescent Health

Article 136

- (1) Adolescent health maintenance efforts should be directed to prepare healthy adults and productive, both socially and economically.
- (2) Adolescent health maintenance efforts as intended in paragraph (1), including for reproduction teenagers do to be free from various health problems that can hamper the ability to live life in a healthy reproduction.
- (3) Adolescent health maintenance efforts as intended in paragraph (1) conducted by the Government, local government, and society.

Article 137

- (1) Government is obligated to ensure that young people can obtain education, information, and services concerning adolescent

health to be able to live healthy and responsible for.

- (2) Provision Government concerning the obligation to ensure that youth receive education, information and services concerning health as intended in paragraph (1) conducted in accordance with moral and religious values based on statutory provisions regulations.

Section Three

Health for the Aged and Disabled Persons

Article 138

- (1) Efforts to health care for the elderly should be directed to keeping healthy and productive lives socially and economically in accordance with human dignity.
- (2) Government must ensure the availability of health service facilities and facilitating groups for older people can remain independent and productive lives socially and economically.

Article 139

- (1) Health care effort with disabilities should be directed to keeping healthy and productive lives socially, economically, and dignity.
- (2) Government must ensure the availability of health facilities and services to facilitate persons with disabilities to remain independent and productive lives socially and economically.

Article 140

Health maintenance efforts for the elderly and persons with disabilities

as intended in Article 138 and Article 139 made by the Government, local government, and / or the community.

CHAPTER VIII

Nutrition

Article 141

- (1) Efforts to improve nutrition society dedicated to improving the quality of nutrition of individuals and society.
- (2) Improved quality of nutrition as intended in paragraph (1) carried out through:
 - a. improvement of food consumption patterns in accordance with the balanced nutrition;
 - b. conscious behavior improvement of nutrition, physical activity, and health;
 - c. improving access and quality of nutrition services in accordance with the progress of science and technology; and
 - d. increase awareness of food systems and nutrition.
- (3) Government, local government, and / or the community together to ensure the availability of food materials that have high nutritional value and equally affordable.
- (4) Government is obliged to keep a food ingredient as intended in paragraph (2) meet the quality standards set by nutritional

statutory regulations.

- (5) Provision of food materials as intended in paragraph (1) conducted across sectors and between provinces, regency or intercity.

Article 142

- (1) Efforts made to improve nutrition throughout the life cycle in the womb until with older people with priority to vulnerable groups:
 - a. infants and toddlers;
 - b. adolescent girls; and
 - c. pregnancy and breast-feeding mothers.
- (2) Government responsible for setting standards for nutritional adequacy rate, nutrition service standards, and standards of nutrition personnel at various levels of service.
- (3) Government responsible for the fulfillment of the adequacy of nutrition in poor families and in emergency situations.
- (4) Government responsible for the education and correct information about nutrition to the community.
- (5) Government, local government, and society make efforts to achieve a good nutritional status.

Article 143

Government responsible for increasing public knowledge and awareness of the importance of nutrition and its impact on improving nutritional status.

CHAPTER IX
MENTAL HEALTH

Article 144

- (1) Health mental efforts aimed to ensure every people can enjoy a healthy mental life, free from fear, stress, and other disorders that can interfere with mental health.
- (2) Health mental efforts as intended in paragraph (1) consists of preventive, promotive, curative, rehabilitative patient's mental and psychosocial problems.
- (3) Health mental efforts as intended in paragraph (1) a shared responsibility Government, local government, and society.
- (4) Government, local government, and society responsible for creating mental health conditions as high and ensure the availability, accessibilities, quality and equitable distribution of mental health efforts as intended in the paragraph (2).
- (5) Government and local government is obligated to develop the mental health community-based efforts as section of the overall mental health efforts, including easier access to community mental health services.

Article 145

Government, local government and community efforts to ensure mental health is preventive, promotive, curative, and rehabilitative, including efforts to ensure mental health in the workplace as intended

in Article 144 paragraph (3).

Article 146

- (1) The public has a right to get information and education concerning proper mental health.
- (2) Right as intended in paragraph (1) is intended to prevent human rights violations that are considered a person experiencing mental health disorders.
- (3) Government and local government services the obligation to provide information and education about mental health.

Article 147

- (1) Efforts to cure people with mental health disorders are the responsibility of Government, local government and communities.
- (2) Recovery efforts as intended in paragraph (1) conducted by health authorities and personnel in the right places while still respecting human rights sufferers.
- (3) To care for people with mental health disorders, health service use special facilities that meet the requirements and the statutory provision in accordance with regulations.

Article 148

- (1) Patients with mental disorders have the same rights as citizens.
- (2) Right as intended in paragraph (1) includes equality of treatment in every aspect of life, unless stated other statutory

regulations.

Article 149

- (1) Patients with mental disorders are displaced, homeless, threatening the safety of themselves and / or someone else, and/or disturbing the peace and / or public safety must get treatment and care in health service facilities.
- (2) Government, local government, and society are obliged to take medication and treatment at health service facilities for people with mental disorders are displaced, homeless, threatened the safety of themselves and / or anyone else, and / or disturbing the peace and / or public safety.
- (3) Government and local government responsible for equitable distribution of facilities providing mental health services by involving the active participation of the community
- (4) Responsibilities of Government and local government as intended in paragraph (2) including the financing of treatment and care for people with mental disorders of the poor.

Article 150

- (1) Mental health examination for law enforcement purposes (*visum et repertum psikiatricum*) can only be done by medical specialists in mental health service facilities.
- (2) Determination of the status of one's legal capacity who allegedly suffered mental health problems conducted by the team

physician who has expertise and competence in accordance with professional standards.

Article 151

Provision further efforts concerning mental health shall be provided for in a Government Regulation.

CHAPTER X

INFECTIOUS AND NON INFECTIOUS DISEASE

Section One

Infectious Disease

Article 152

- (1) Government, local government and the people responsible for doing prevention, control, and eradication of infectious diseases and the consequences thereof.
- (2) Efforts to prevent, control, and eradication of infectious diseases as intended in paragraph (1) done to protect the public from disease contagiously, reducing the number of sick, disabled and / or dead, and to reduce social and economic impacts due to infectious disease.
- (3) Efforts to prevent, control, and handling of infectious disease, as intended in paragraph (1) activity is carried out through promotive, preventive, curative, and rehabilitative for the individual or society.

- (4) Control the source of infectious disease as intended in paragraph (3) committed against the environment and / or people and other sources of transmission.
- (5) Efforts as intended in paragraph (1) must be conducted by region based.
- (6) Implementation efforts as intended in paragraph (3) is carried out through cross-sector.
- (7) In carrying out the effort as intended in paragraph (1), Government can make cooperation with other countries.
- (8) Efforts to control prevention, and eradication of infectious diseases as intended in paragraph (1) Statutory provisions implemented by regulations.

Article 153

Government ensure availability of safe immunization materials, quality, effective, affordable, and equitable for the community to infectious disease control measures through immunization.

Article 154

- (1) Government periodically determine and announce the type and distribution of potentially infectious disease and / or spread in a short time, and also mentions that the area can be a source of transmission.
- (2) The Government may conduct surveillance of infectious diseases as intended in paragraph (1).

- (3) In carrying out surveillance as intended in paragraph (2), Government can cooperate with other countries and community.
- (4) Government set the type of disease that requires quarantine, the quarantine, and a long quarantine.

Article 155

- (1) Local government periodically determine and announce the type and distribution of potentially infectious disease and / or spread in a short time, and also mentions that the area can be a source of transmission.
- (2) Local government can conduct surveillance against disease as intended in paragraph (1).
- (3) In carrying out surveillance as intended in paragraph (2), local government can work together with the community.
- (4) Local government set the type of disease that requires quarantine, the quarantine, and a long quarantine.
- (5) Local government in determining and announcing species and the potential spread of infectious disease and / or spread in a short time and the implementation of surveillance and define types of diseases that require quarantine, the quarantine, and the old quarantine based on the provision as intended in paragraph (1) .

Article 156

- (1) Efforts to prevent, control, and eradication of infectious diseases

as intended in Article 154 paragraph (1), Government may declare the area in the state of epidemic, explosion, or extraordinary incident (KLB).

- (2) Determination of regions in the state of epidemic, explosion, or extraordinary incident (KLB) as intended in paragraph (1) must be based on recognized research accuracy.
- (3) Government, local government, and society make efforts to control the plague situation, explosion, or extraordinary events as intended in paragraph (2).
- (4) Determination of regions in the state of epidemic, explosion, or extraordinary occurrence and prevention efforts as intended in paragraph (1) and paragraph (3), implemented in accordance with statutory provisions regulations.

Article 157

- (1) Prevention of transmission of infectious diseases must be done by the community, including people with infectious diseases through the behavior of clean and healthy living.
- (2) In the implementation of infectious disease prevention, health personnel and authorized users can check the places where the suspected development of disease vectors and other sources.
- (3) Provision more information concerning infectious disease, as intended in paragraph (1) shall be provided for in a minister Regulation.

Section Two

Non Infectious Disease

Article 158

- (1) Government, local government and community prevention efforts, control, and handling of disease is not contagious and its consequences thereof.
- (2) Efforts as intended in paragraph (1) to increase knowledge, awareness, willingness to behave well and prevent the occurrence of disease is not transmitted along with the effects.
- (3) Efforts to prevent, control, and handling of infectious disease, not as intended in paragraph (1) activity is carried out through promotive, preventive, curative, and rehabilitative for the individual or society.
- (4) Provision as intended in paragraph (1), paragraph (2), and paragraph (3) conducted in accordance with statutory provisions regulations.

Article 159

- (1) Control of infectious disease is not done with the approach of risk factor surveillance, disease registry, and surveillance of death.
- (2) Activity as intended in paragraph (1) aims to obtain information that is essential and can be used for decision making in disease control efforts are not contagious.

- (3) Activity as intended in paragraph (1) carried out through cooperation across sectors and by establishing networks, both nationally and internationally.

Article 160

- (1) Government, Local government with the people responsible for communication, information, and education is right about the risk factors are not infectious diseases that includes all phases of life.
- (2) Risk factors as intended in paragraph (1) include unbalanced diet, lack of physical activity, smoking, alcohol consumption, and traffic behavior that is not true.

Article 161

- (1) Health management services infectious disease, not the entire spectrum of services covering both promotive, preventive, curative and rehabilitative.
- (2) Management services as intended in paragraph (1) be professionally managed so that health services infectious disease is not available, acceptable, accessible, quality and affordable by the community.
- (3) Management services as intended in paragraph (1) focused on early detection and treatment of disease is not contagious.

CHAPTER XI

ENVIRONMENT HEALTH

Article 162

Health efforts aimed to realize the environment quality of a healthy environment, both physical, chemical, biological, social and enables every people achieve maximum health degree.

Article 163

- (1) Government, local government and communities to ensure availability of healthy environment and do not have a bad risk for health.
- (2) Healthy Environment as intended in paragraph (1) includes residential environment, workplace, recreation, and places and public facilities.
- (3) Healthy Environment as intended in paragraph (2) free from elements that cause health problems, among others:
 - a. wastewater;
 - b. solid waste;
 - c. gas waste;
 - d. garbage that is not processed in accordance with the requirements set government;
 - e. animal disease carriers (in the explanation described among other insects, rats and other animals)
 - f. hazardous chemicals;
 - g. noise that exceeds the threshold;

- h. ionizing radiation and non-ionizing;
 - i. contaminated water;
 - j. polluted air; and
 - k. contaminated food.
- (4) Provision concerning quality standards and environment health sewage treatment process as intended in paragraph (2), and paragraph (3), established by Government Regulation.

CHAPTER XII

OCCUPATIONAL HEALTH

Article 164

- (1) Work health efforts aimed at protecting workers in order to live healthy and free from health problems and adverse effects caused by work.
- (2) Work Health efforts as intended in paragraph (1) covers workers in the formal and informal sectors.
- (3) Work Health efforts as intended in paragraph (1) applies to every people other than workers in the workplace environment.
- (4) Health efforts work as intended in paragraph (1) and paragraph (2) shall also apply to health in the environment Indonesian national army (TNI) whether land, sea, and air and the Republic of Indonesian Police (INP).
- (5) Government to set health standards of work as intended in paragraph (1) and paragraph (2).

- (6) Management must comply with workplace health standards of work as intended in paragraph (5) and ensure a healthy working environment and responsible for the accident.
- (7) Managing workplace accidents must be responsible for work that occurred in the work environment in accordance with statutory provisions regulations.

Article 165

- (1) Managing the workplace must do all forms of health through prevention efforts, increase, treatment and recovery for labor.
- (2) Workers must create and maintain the health of a healthy workplace and comply with regulations applicable in the workplace.
- (3) In the selection of election candidates on the company's employees and agencies, the result of physical health and mental used as consideration in decision making.
- (4) Provision as intended in paragraph (1), paragraph (2), and paragraph (3) conducted in accordance with the provisions Statutory regulations.

Article 166

- (1) The employer or employer is obliged to ensure the health of workers through preventive efforts, improvement, treatment and recovery and must bear the entire cost of health care workers.

(2) The employer or employers bear the cost of the work due to health problems suffered by workers in accordance with statutory regulations.

Government provides encouragement and assistance for the protection of workers as intended in paragraph (1) and paragraph (2).

CHAPTER XIII

HEALTH MANAGEMENT

Article 167

- (1) Health management organized by the government, regional government and/or public community through health administration management, health information, health resource, health effort, health financing, public participation and empowerment, science and technology in the field of health, as well as integrated and support each other health regulation in order to guarantee the achievement of the highest health degree.
- (2) Health management shall be conducted gradually in the central and regional area.
- (3) Health management as referred to in paragraph (1) shall be made in a National Health System (SKN).
- (4) The provisions as referred to in paragraph (1), paragraph (2), and paragraph (3) shall be regulated based on the Regulation of the President.

CHAPTER XIV

HEALTH INFORMATION

Article 168

- (1) To organize an effective and efficient health effort is required health information.

- (2) Health information as referred to in paragraph (1) shall be conducted through the information system and through cross-sector.
- (3) Further provisions concerning information system as referred to in paragraph (2) shall be regulated based on the Government Regulation

Article 169

The Government shall provide facilities to the public community for obtaining access to the health information in the effort of increasing public health degree.

CHAPTER XV

HEALTH FINANCING

Article 170

- (1) Health financing aims to provide health financing continuously with sufficient amount, allocated fairly, and utilized efficiently and effectively to ensure the realization of health development in order to increase the highest public health degree.
- (2) The elements of health financing as referred to in paragraph (1) consist of financing source, allocation and utilization.
- (3) Health financing source are originated from the Government, regional governments, public communities, private sectors and other sources.

Article 171

- (1) The amount of health budget of the Government to be allocated minimum amounting to 5% (five percent) of the national budget (APBN) other than salary.
- (2) The amount of health budget of province, regency/city regional government to be allocated minimum 10% of the regional budget (APBD) other than salary.
- (3) Health budget unit as referred to in paragraph (1) and paragraph (2) shall be prioritized for the interest of public services in which the amount at least 2/3 (two-thirds) of the health budget in the national and regional budgets.

Article 172

- (1) The allocation of health financing as referred to Article 171 paragraph (3) shall be directed for the health services in the field of public service, particularly for poor people, old age group and neglected children.
- (2) Further provisions concerning the procedure of allocation of health financing as referred to in paragraph (1) shall be regulated based on the Government Regulation.

Article 173

- (1) Health financing allocation originated from private sector as referred to in Article 170 paragraph (3) shall be mobilized through a national social insurance system and/or commercial health insurance.

- (2) The provisions concerning procedure of organizing national social insurance system and/or commercial health insurance as referred to in paragraph (1) shall be regulated in accordance with the prevailing provisions.

CHAPTER XVI

PUBLIC PARTICIPATION

Article 174

- (1) Public participation, both individually and in organization in all kinds and phases of health development in the frame of assisting to accelerate the achievement of the highest public health degree.
- (2) Participation as referred to in paragraph (1) shall cover the active and creative participation.

CHAPTER XVII

HEALTH CONSIDERATION BOARD

Part One

Name and Domicile

Article 175

Health Consideration Board is an independent board, which has the task, function and authority in the field of health.

Article 176

- (1) Health Consideration Board shall be domiciled in the Central and regional area.

- (2) The Central Health Consideration Board shall be called the National Health Consideration Board, hereinafter referred to as BPKN shall be domiciled in the capital city of the Republic of Indonesia.
- (3) The Regional Health Consideration Board hereinafter referred to as BPKD shall be domiciled in the province and regency/city.
- (4) BPKN and BPKD domicile as referred to in paragraph (2) and paragraph (3) shall be available until the District level.

Part Two

Role, Task, and Authority

Article 177

- (1) BPKN and BPKD have the task to assist the government and communities in the field of health in accordance with their own scope of task.
- (2) BPKN and BPKD as referred to in paragraph (1) have the tasks and authorities among others:
 - a. to inventory any problems through analysis on various information and data which are relevant or influenced to the process of health development;
 - b. to provide input to the government on the target of health development for the period of five years;
 - c. to arrange strategy of achievement and priority of health development activity;

- d. to provide input to the government in identifying and mobilizing resource for health development;
 - e. to conduct advocacy on the allocation and utilization of fund from all sources in order to make effective and efficient application, and conform to the stipulated strategy;
 - f. to monitor and evaluate the implementation of health development; and
 - g. to formulate and propose corrective action which is necessary to be taken in the deviation of health development.
- (3) BPKN and BPKD have the role to assist the government and public community in the field of health.
- (4) Further provisions concerning the membership, structure of organization and financing of BPKN and BPKD as referred to in paragraph (1) shall be regulated based on the Regulation of the President.

CHAPTER XVIII

GUIDANCE AND SUPERVISION

Part One

Guidance

Article 178

The Government and regional government shall conduct guidance to the public community and each organizer of the activities in relation to the health resource in the field of health and health effort.

Article 179

- (1) Guidance as referred to in Article 178 shall be directed:
 - a. to meet the needs of any body in obtaining access on the resource in the field of health;
 - b. to mobilize and carry out health effort organization;
 - c. to facilitate and organize health facility and health service facility;
 - d. to meet community needs for obtaining health supply, including pharmaceutical supply and health instruments as well as food and beverage;
 - e. to meet community nutritious need in accordance with the standard and requirement;
 - f. to protect community against any probability which may cause risk for the health.
- (2) Guidance as referred to in paragraph (1) shall be carried out through:
 - a. communication, information, education and public empowerment;
 - b. medical staff empowerment;
 - c. financing;

Article 180

In the frame of guidance, the government and regional government may give reward to the person or body who have given the services in each activity for realizing the health objectives.

Article 181

Further provisions concerning the guidance shall be regulated based on the Regulation of the Minister.

Part Two

Supervision

Article 182

- (1) The Minister shall conduct supervision to the community and each organizer of the activity in relation to the resource in the field of health and health effort.
- (2) The Minister in carrying out the supervision may give the permit to each organizer of the medical effort.
- (3) The Minister in carrying out the supervision as referred to in paragraph (1) and paragraph (2) may delegate the task to non department government institution, to the agency in the province, and regency/city whose the main task and function in the field of health.
- (4) The Minister in carrying out the supervision shall take into the participation of public communities.

Article 183

The Minister or the head of agency as referred to in Article 182 in carrying out the task may appoint supervisory personnel with the main task to conduct supervision to any matters in relation with the resource in the field of health and health effort.

Article 184

In carrying out the task as referred to in Article 183, the supervisor has the function:

- a. to enter into any places assumed to be used in the activities in relation to health effort organization;
- b. to check ay permits possessed by medical staff and medical facility.

Article 185

Any body who is responsible on the places to be inspected by the supervisor has the right to reject the inspection if the supervisor in concerned is not completed with ID Card and certificate of inspection.

Article 186

If the inspection results indicate an existence of assumption or appropriately to be assumed for the existence of legal violation in the field of health, the supervisor is obliged to report it to the investigator in accordance with the law and regulations.

Article 187

Further provisions concerning the supervision shall be regulated based on the Regulation of the Minister.

Article 188

- (1) The Minister may take administrative action to the medical staff and medical service facility violating the provisions as regulated in this Law.
- (2) The Minister may delegate the authorities as referred to in paragraph (1) to on department government institution, the heads of agency in the province, or regency/city whose the main task and function in the field of health.
- (3) Administrative action as referred to in paragraph (1) may be in the form of:
 - a. written warning;
 - b. revocation of temporary permit or permanent permit;
- (4) Further provisions concerning the procedure of taking administrative action as referred to in this Article shall be regulated by the Minister.

CHAPTER XIX

INVESTIGATION

Article 189

- (1) Beside the investigator of the State Police of the Republic of Indonesia, to the certain civil officer in the scope of government organizing affairs in the field of health shall be given specific authority as investigator as meant in the Law Number 8 Year 1981 on Criminal Code to conduct criminal investigation in the field of health.
- (2) Investigator as referred to in paragraph (1) has the authority:
 - a. to conduct inspection on the correctness of the report as well as information on criminal action in the field of health;
 - b. to conduct inspection to the person alleged to conduct crime in the field of health;
 - c. to ask for information and evidence from a person or legal entity in relation with the crime in the field of health;
 - d. to conduct investigation on the letter and/or other documents on criminal action in the field of health;
 - e. to conduct inspection or confiscation to the material or evidence in the criminal case of medical field;
 - f. to have professional assistance in the frame of task implementation of criminal action investigation in the field of health;
 - g. to stop investigation if there is no sufficient evidence proofing the crime in the field of health.

- (3) The authority as referred to in paragraph (2) shall be carried out by investigator in accordance with the provisions of Law Number 8 Year 1981 on Criminal Law Code.

CHAPTER XX

CRIMINAL PROVISIONS

Article 190

- (1) Manager of health service facility and/or medical staff practicing or carrying out the work at medical service facility with intentionally do not give the first aid to the patient in emergency condition as referred to in Article 32 shall be convicted with imprisonment at the longest 2 (two) years and fine at the most Rp. 200,000,000.00 (two hundred million Rupiah).
- (2) In case the action as referred to in paragraph (1) has caused defect and/or death, manager of medical service facility and/or medical staff in concerned shall be convicted with imprisonment at the longest 10 (ten) years and fine at the most Rp. 1,000,000,000.00 (one billion Rupiah).

Article 191

Any body without permit conducting traditional medical service practice using equipment and technology as referred to in Article 60 which causing the losses on the properties, serious injury and/or death shall be convicted with imprisonment at the longest 1 (one) year and fine at the most Rp. 100,000,000.00 (one hundred million Rupiah).

Article 192

Any body who is intentionally sell or purchase body organ by whatever reasons as referred to in Article 64 paragraph (3) shall be convicted with imprisonment at the longest 10 (ten) years and fine at the most Rp. 1,000,000,000.00 (one billion Rupiah).

Article 193

Any body who is intentionally conduct plastic surgery and reconstruction for the purpose to change identity of someone as referred to in Article 69 shall be threatened with imprisonment at the longest 10 (ten) years and fine at the most Rp. 1,000,000,000.00 (one billion Rupiah)

Article 194

Any body who is intentionally conduct abortion which are not conform to the provision as referred to in Article 75 shall be convicted with imprisonment at the longest 10 (ten) years and fine at the most Rp. 1,000,000,000.00 (one billion Rupiah).

Article 195

Any body who is intentionally sell and or purchase blood by whatever reasons as referred to in Article 90 paragraph (3) shall be convicted with imprisonment at the longest 5 (five) years and fine at the most Rp. 500,000,000.00 (five hundred million Rupiah).

Article 196

Any body who is intentionally produce and/or distribute pharmaceutical supply and/or medical equipment which do not meet the standard and/or requirement of the safety, efficacy or usefulness, and quality as referred to in Article 98 paragraph (3) shall be convicted with imprisonment at the longest 10 (ten) years and fine at the most Rp. 1,000,000,000.00 (one billion Rupiah).

Article 197

Any body who is intentional produce and/or distribute pharmaceutical supply and/or medical equipment without distribution permit as referred to in Article 106 shall be convicted with imprisonment at the longest 15 (fifteen) years and fine at the most Rp1.500,000,000.00 (one billion five hundred million Rupiah).

Article 198

Any body who has no skill and authority to conduct pharmaceutical practice as referred to in Article 108 shall be convicted by fine at the most Rp. 100,000,000.00 (one hundred million Rupiah).

Article 199

- (1) Any body who is intentionally produce and/or import cigarette into the territory of the Republic of Indonesia without stating health warning in the form of drawing as referred to in Article 114 shall be convicted by imprisonment at the longest 5 (five) years and fine at the most Rp. 500,000,000.00 (five hundred million Rupiah);
- (2) Any body who is intentionally violating the no-smoking area as referred to in Article 115 shall be convicted fine at the most Rp. 50,000,000.00 (fifty million Rupiah).

Article 200

Any body who is intentionally inhibiting the program of exclusive mothers-milk supply as referred to in Article 128 paragraph (2) shall be convicted by imprisonment at the longest 1 (one) year and fine at the most Rp. 100,000,000.00 (one hundred million Rupiah)

Article 201

- (1) In case the criminal action as referred to in Article 190 paragraph (1), Article 191, Article 192, Article 196, Article 197, Article 198, and Article 199 are committed by the corporation, beside the imprisonment and fine to the management, the penalty which can be imposed to the corporation are in the form of fine with 3 (three) times of the fine penalty as referred to in Article 190 paragraph (1), Article 191, Article 192, Article 196, Article 197, Article 198, and Article 199.

- (2) Beside the fine penalty as referred to in paragraph (1), the corporation may also subject to additional penalty in the form of:
- a. revocation of business license; and/or
 - b. revocation of legal entity status.

CHAPTER XXI

TRANSITIONAL PROVISION

Article 202

The law and regulations as the implementation of this Law shall be stipulated at the latest 1 (one) year as of the enactment date of this Law.

Article 203

At the time of enactment of this Law, all implementation regulation of the Law Number 23 Year 1992 on Health shall remain be effective as long as not contrary with the provisions in this Law.

CHAPTER XXII

CLOSING PROVISION

Article 204

By legalizing this Law, the Law Number 23 Year 1992 on Health (State Gazette of the Republic of Indonesia Year 1992 Number 100, Supplement to the State Gazette of the Republic of Indonesia Number 3495) shall be revoked and stated invalid anymore.

Article 205

This Law shall come into the force on the enactment date.

For public cognizance, it is instructed to announce this Law by placing it in the State Gazette of the Republic of Indonesia.

Legalized in Jakarta

On

PRESIDENT OF THE REPUBLIC OF
INDONESIA

SUSILO BAMBANG YUDHOYONO

Enacted in Jakarta

On

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

ANDI MATTALATTA

STATE GAZETTE OF THE REPUBLIC OF INDONESIA YEAR ... NUMBER ...

**ELUCIDATION
OF
LAW OF REPUBLIC OF INDONESIA
NUMBER YEAR
ON
HEALTH**

I. GENERAL

In the opening of the 1945 Constitution clearly stated ideals of the Indonesian nation and the national goals of Indonesia. The national goal is to protect the whole Indonesian nation and the country of Indonesia and promote the general welfare, the intellectual life of the nation and contribute to the establishment of a world order based on freedom eternal peace and social justice.

To achieve these national goals it is established and implemented sustainable development efforts which is a comprehensive focused and integrated set of development, including health development.

Health constitutes human basic right and one of the welfare elements that must be implemented in accordance with the aspirations of the Indonesian people as intended in the Pancasila and Opening of 1945 Constitution of Republic of Indonesia.

Therefore, every activity and efforts to improve maximum health community must be implemented based on the principle of non-discriminative, participation, protection, and sustainable that is very important for the establishment of Indonesian human resources, increase resilience and competitiveness of nations, as well as national development.

Efforts to increase maximum health degree, in the beginning, may be in the form of efforts to cure disease, then gradually evolved towards health integration efforts for the entire community by involving society at large which includes promotional

efforts, preventive, curative, rehabilitative and comprehensive integrated and sustainable. This development was poured into the National Health System (SKN) in 1982 which then referred the Guidelines into the Guidelines in 1983 and 1988 as an order to implement health development.

In addition, the development of health technology that goes hand in hand with the emergence of the phenomenon of globalization has led to many changes in the nature and existence is very different from the text contained in Law Number 23 Year 1992 on Health. The rapid progress of technology and health information technology in this global era was not yet well accommodated by Law Number 23 Year 1992 on Health.

Planning and financing of health development that do not of one spirit with Law Number 23 of 1992, which focuses on treatment (curative), causing a growing mindset of society is how to treat the disease if exposed. It would require greater funding than prevention efforts. Consequently, people will always look at the issue of financing health as something that is consuming / waste.

In addition, the point of view of policy makers still do not consider health as a major requirement and a valuable investment in that construction run health fund allocations are still relatively low when compared with other countries. For that, it's time we look at health issues as a major factor and the implementation of investment securities are based on a new paradigm is commonly known as a healthy paradigm, ie paradigm that prioritizes health promotion and preventive efforts without neglecting curative and rehabilitative.

In order to implement these health paradigm, needs a healthy vision of Law, not the Law of sick minded.

On the other hand, the development shifted from the centralized state structure to a marked decentralization with the implementation of Law Number 32 Year 2004 on

Regional Government as amended by Law Number 12 Year 2008 regarding Second Amendment to Law Number 32 Year 2008 on Regional Government.

The Law contains provisions that states whereas health sector fully assigned to each area of each region is given the authority to manage and organize all aspects of health.

As a follow-up of the implementation of Law Number 32 Year 2004, the Government has issued Government Regulation Number 38 of 2007 which regulates the affairs of the division between government, provincial government and government district. Based on this, Law Number 23 Year 1992 on health need to be adjusted with the spirit of regional autonomy.

Therefore, the need to set up public health policies that can be implemented by all parties and at the same time be able to answer the challenge of globalization and with increasingly complex health problems in a new Health Law to replace Law Number 23 Year 1992 on Health.

II. ARTICLE BY ARTICLE

Article 1

Self explanatory

Article 2

Health development should take into account the various principles that provide health development direction carried out through health efforts as follows:

- a. humanitarian principle which means that whereas health development should be based on humanity is based on the Belief in God Almighty with no distinction between religious groups and nations.
- b. the principle of balance means that whereas health development must be carried out between the interests of individuals and society, between the physical and mental, as well as between the material and spiritual.

- c. whereas the utility function means that development must provide health benefits the maximum for the humanity and healthy for the life of every citizen.
- d. principle means that whereas health protection must be able to provide development protection and legal certainty to the giver and recipient health service.
- e. principle of respect for the right and obligation means that whereas health development with the right and obligation to respect the community as a common form of legal status.
- f. principle of justice means that whereas the implementation of health must be able to provide a fair service and equitable to all layers of society with affordable financing.
- g. principle of gender and non-discriminative health whereas development means not differentiate the treatment of women and men.
- h. the principle of religious norms that health development must consider and respect and do not distinguish community embraced religion.

Article 3

Realizing degree health community is an effort to improve the health situation better than before. Maximum health degree may be achieved at some point in accordance with the conditions and situations and the real capability of every people or society. Health efforts should always be sought continuously increasing to a healthy society as an investment in development can live productive socially and economically.

Article 4

Right on health referred to in this article is the right to obtain health service from the health service facilities in order to achieve maximum health degree

Article 5

Paragraph (1)

Self-explanatory

Paragraph (2)

Self-explanatory

Paragraph (3)

Self-explanatory

Article 6

Self-explanatory

Article 7

Self-explanatory

Article 8

Self-explanatory

Article 9

Self-explanatory

Article 10

Self-explanatory

Article 11

Self-explanatory

Article 12

Self-explanatory

Article 13

Self-explanatory

Article 14

Paragraph (1)

To be effective health efforts and efficient manner, government needs to plan, organize, develop and oversee the implementation of health or resources efforts harmoniously and in balance by involving the active participation of the community

Paragraph (2)

Self-explanatory

Article 15

Self-explanatory

Article 16

In order to implement equitable health services to the community, availability of health personnel required equitable in the sense of empowerment and should be evenly spread throughout the region to the remote areas so as to facilitate the public in obtaining health services.

Article 17

Self-explanatory

Article 18

Active participation of the community in the implementation of health efforts needs to be driven and directed so that efficient and effective.

Article 19

Health efforts to implement equitable and affordable by the community health service availability required in all facilities to remote areas easily accessible by the entire community.

Article 20

Self-explanatory

Article 21

Paragraph (1)

Principally, planning, procurement, utilization, cultivation and quality of health personnel supervision directed to all health personnel in conducting health efforts. Health personnel can be grouped according to skills and qualifications that are owned, include medical personnel, pharmacy personnel, nursing personnel, community health workers and environment, energy, nutrition, physical strength therapy, engineering, medical personnel, and other health personnel.

Paragraph (2)

Self-explanatory

Paragraph (3)

The health personnel provided for in the Law is those other than medical health personnel.

Article 22

Self-explanatory

Article 23

Paragraph (1)

The authority referred to in this paragraph is based on authority given by their education after the registration process and granting permission from the Government in accordance with the statutory regulations.

Paragraph (2)

Self-explanatory

Paragraph (3)

Self-explanatory

Paragraph (4)

While giving health service, health personnel should give priority to medical indications and non-discriminatory, in the best interest of the patient and in accordance with medical indications.

Paragraph (5)

Self-explanatory

Article 24

Self-explanatory

Article 25

Self-explanatory

Article 26

Paragraph (1)

Self-explanatory

Paragraph (2)

The granting of authority to the Local government is meant to provide an opportunity for regions to manage their own procurement and utilization of health personnel required in accordance with the needs of the area remains resistance refers to the rules. Paragraph (3) Self explanatory Paragraph (4) Self explanatory Paragraph (5) Self explanatory.

Paragraph (3)

Self-explanatory

Paragraph (4)

Self-explanatory

Paragraph (5)

Self-explanatory

Article 27

Paragraph (1)

Self-explanatory

Paragraph (2)

Obligation to develop and enhance knowledge and skills intended to be the relevant health personnel can provide quality service in accordance with the development of science knowledge and new technology.

Paragraph (3)

Self-explanatory

Article 28

Self-explanatory

Article 29

Mediation is in place when disputes arise between health personnel health service providers with the patient as a recipient of health service. Mediation is intended to resolve disputes out of court by a mediator agreed upon by the parties.

Article 30

Paragraph (1)

Self-explanatory

Paragraph (2)

What is meant by the first-level health services are health services provided by the basic health services facilities.

What is meant by the second level health services are health services provided by specialized health service facilities.

The definition of health services is the third level of health services provided by the sub-specialized health services facilities.

Paragraph (3)

Self-explanatory

Paragraph (4)

Self-explanatory

Paragraph (5)

Self-explanatory

Article 31

Self-explanatory

Article 32

Self-explanatory

Article 33

Self-explanatory

Article 34

Paragraph (1)

Self-explanatory

Paragraph (2)

For health personnel who are undergoing the process of learning given permission collectively according to the statutory regulatory provisions.

Paragraph (3)

Self-explanatory

Article 35

Self-explanatory

Article 36

Self-explanatory

Article 37

Self-explanatory

Article 38

Self-explanatory

Article 39

Self-explanatory

Article 40

Paragraph (1)

Self-explanatory

Paragraph (2)

Self-explanatory

Paragraph (3)

Self-explanatory

Paragraph (4)

Self-explanatory

Paragraph (5)

Self-explanatory

Paragraph (6)

What is meant by "generic drug" is a generic drug under the name International Non
Proprietary Name (INN)

Paragraph (7)

Self-explanatory

Article 41

Self-explanatory

Article 42

Paragraph (1)

Research and development of science knowledge and technology aimed at health produce health information, technology, technology products, and information technology (IT) health to support health development. Technology development, product technology, information technology (IT) and Information Health conducted in accordance with the provisions of intellectual property rights (IPR). To study disease new emerging infections or recurrent (new emerging or re emerging diseases) that may cause concern for health and emergency community health (public health emergency of international concern / PHEIC) should consider the benefit (benefit sharing) and scan origin (tracking system) for the sake of national interests.

Paragraph (2)

The definition of health technology is the way, methods, processes, or products that resulting from the application of disciplines and utilization of knowledge in the field of health who generate value for the fulfilment of needs, survival, and improving the quality of human life.

Paragraph (3)

Self-explanatory

Article 43

Paragraph (1)

The science and technology Institute consists of elements such as universities, research and development institutions, business entities, and institutional support. Research and development institutions serve to foster the capacity and the promotion of science and technology in the field of health.

Paragraph (2)

Self-explanatory

Article 44

Paragraph (1)

Referring to experiment is a part of research and development activities. Research is an activity undertaken according to the rules/norms and scientific methodology systematically to obtain information and data related to understanding and proving truth or untruth of an assumption and/or hypothesis in the field of science and technology as well as to draw scientific conclusions for the purposes of scientific advancement and technology.

The Development is an activity of science and technology aiming to take advantage of norms/rules and theories of science that has been at experimented and to increase fun, benefits, and application of the existing science and technology, or producing new technologies.

Science is a series of knowledge explored, compiled, and developed systematically by using a particular approach based on scientific methodology, both quantitatively, qualitatively, and exploratory to explain natural phenomena and/or a particular community phenomena.

Paragraph (2)

All experiments using human being as an experiment subject must be based on three general ethical principles, namely to respect for human dignity (respect for persons) with the objective to respect the autonomy and to protect the human being whose autonomy are disturbed or less, to do best (beneficence) and non-maleficance and justice.

Paragraph (3)

Human being experiment should be conducted with due regard to health and safety of the person concerned. Research and development using human beings as the subjects must have informed consent. Before asking for the approval of research subjects, researchers must provide information about the purpose of health research and development and application of the results, confidentiality assurance of identity and personal data, methodology to be used, risks and other things which need to be known by the relevant in the context of health research and development.

Paragraph (4)

Experimental Animals must be chosen by emphasizing the animals with the lowest neuron-physiologic sensitivity (non-sentient organism) and the lowest evolutionary scale animals. Appropriate caution applied to the research that can affect environment and animals health used in the research must be respected.

Paragraph (5)

Self-explanatory

Article 45

Paragraph (1)

Prohibitions as referred to in this paragraph are intended for technology development and/or technology products which are aimed to be abused as weapon and/or biological weapons materials, causing danger for human safety, preservation of environmental functions, social harmony, national safety, and inflicting the state, and endangering national security.

Paragraph (2)

Self-explanatory

Article 46

Self-explanatory

Article 47

Self-explanatory

Article 48

Self-explanatory

Article 49

Self-explanatory

Article 50

Self-explanatory

Article 51

Self-explanatory

Article 52

Self-explanatory

Article 53

Self-explanatory

Article 54

Self-explanatory

Article 55

Self-explanatory

Article 56

Self-explanatory

Article 57

Self-explanatory

Article 58

Paragraph (1)

Included into "losses" due to health services are disclosure of medical confidentiality.

Paragraph (2)

Self-explanatory

Paragraph (3)

Self-explanatory

Article 59

Self-explanatory

Article 60

Paragraph (1)

Referring to "the application of tools and technologies" are not contrary to the traditional treatment measures to be undertaken.

Paragraph (2)

Self-explanatory

Article 61

Self-explanatory

Article 62

Self-explanatory

Article 63

Self-explanatory

Article 64

Self-explanatory

Article 65

Paragraph (1)

Referring to "certain medical care facilities" are facilities provided by the Minister which have met the requirements including equipment, personnel and other supports in order to perform body organ and/or tissue transplants.

Paragraph (2)

Self-explanatory

Paragraph (3)

Self-explanatory

Article 66

Self-explanatory

Article 67

Paragraph (1)

Delivery of specimens or body organs conducted in the context of medical research and development, medical services, education and other purposes. Another interest is surveillance, investigation of Extraordinary Incident (KLB), medical laboratory safety and quality standards as the determinant of microorganism diagnosis, material cohesion and genetic data of patients and disease-causing agents. Delivery overseas can be done if the procedures for reaching the purpose and objective of examination could not be carried out by the domestic medical staff or facilities or medical services research and development institutions, as well as for the purposes of quality control in order to upgrade the accuracy of diagnostic and therapeutic standard capability by the institution in question. The delivery of specimens or body organs referred must be completed with Material Transfer Agreement and the relevant supporting documents.

Paragraph (2)

Self-explanatory

Article 68

Self-explanatory

Article 69

Self-explanatory

Article 70

Paragraph (1)

Referring to "stem cells" are cells in the human body with special capability that is able to renew or regenerate itself and can differentiate into other specific cells.

Paragraph (2)

Self-explanatory

Paragraph (3)

Self-explanatory

Article 71

Self-explanatory

Article 72

Self-explanatory

Article 73

Self-explanatory

Article 74

Self-explanatory

Article 75

Paragraph (1)

Self-explanatory

Paragraph (2)

Self-explanatory

Paragraph (3)

Referring to counsellor is any person who has been certified as a counsellor through the education and training. Those who may be a counsellor is a physician, psychologist, community leaders, religious leaders, and anyone who have interest and skills for it.

Paragraph (4)

Self-explanatory

Article 76

Self-explanatory

Article 77

Referring to abortion practice that is not certifiable, not safe and no responsibility is abortion done by force and without consent of the women concerned, performed by not professional medical staff, without following professional standards and applicable services, discriminatory, or preferred to material rewards instead of medical indications.

Article 78

Self-explanatory

Article 79

Self-explanatory

Article 80

Self-explanatory

Article 81

Self-explanatory

Article 82

Paragraph (1)

Referring to disaster is an event or series of events threatening and disrupting lives and livelihoods caused by natural factors and/or non-natural factors and human factors leading to emergence of human casualties, environmental damage, property damage and psychological impact.

Government should facilitate availability of resources and medical services implementation at pre disaster, during and post-disaster.

Paragraph (2)

Referring to disaster emergency response are series of activities carried out immediately at the occurrence of disaster to handle adverse effects, including rescue and evacuation of casualties, properties, fulfilment of basic needs, protection, handling refugees, rescue, and recovery of infrastructures and facilities.

Article 83

Self-explanatory

Article 84

Self-explanatory

Article 85

Self-explanatory

Article 86

Self-explanatory

Article 87

Self-explanatory

Article 88

Self-explanatory

Article 89

Self-explanatory

Article 90

Paragraph (1)

Self-explanatory

Paragraph (2)

In order to ensure the availability of blood for medical services, the government guarantees shall be realized in the form of subsidies to the Blood Transfusion Unit sourced from APBN, APBD and other assistance.

Paragraph (3)

Blood as the gift of The Most Gracious God, to every human being should not become the transaction object for obtaining profit, even with the excuse for live surviving.

Article 91

Paragraph (1)

Referring to blood processing is a process to separate blood components into plasma and red blood cells, white blood cells and blood freezing cells conducted by UTD, processing costs are borne by the State.

Referring to the production process is a process of fractionation decomposition of plasma proteins to be among other albumin, globulin, factor VIII and factor IX executed by industries whose the prices are controlled by the Government.

Paragraph (2)

Referring to "controlled" in this paragraph include the price of production results sourced from the processing of blood transfusion.

Article 92

Self-explanatory

Article 93

Paragraph (1)

Scope of dental and mouth health problems shall be observed in the terms of growth phases:

- a. Fetus Phase;
- b. Pregnant women;
- c. Children;
- d. Teenagers;
- e. Adult; and
- f. Seniors

Paragraph (2)

Self-explanatory

Article 94

Self-explanatory

Article 95

Paragraph (1)

The Government shall mobilize community empowerment for the donor of cornea and cataract surgery in order to prevent blindness and hearing lost.

Paragraph (2)

Self-explanatory

Article 96

Self-explanatory

Article 97

Paragraph (1)

Referring to health dimension is a condition with environmental change that may cause significant health problems

Paragraph (2)

Health in the field is a dimension of health related to jobs on land which are temporary and completely changed. While the main target is to make operational health support and guidance to any person who directly or indirectly involved in field activities.

Marine and underwater health are health dimensions in relation to the works at the sea and high pressure environmental conditions (hyperbaric) with the main objectives to conduct operational and guidance health support for every body who directly or indirectly involved in the operation of marine and under water equipment.

Aerospace health is a health dimension of aerospace covering the scope of aviation health and aerospace health with low-pressure environment condition (hypobaric) with the main objective to support the health operation and health promotion for any person who are directly or indirectly involved.

Paragraph (3)

Self-explanatory

Paragraph (4)

Self-explanatory

Article 98

Self-explanatory

Article 99

Self-explanatory

Article 100

Self-explanatory

Article 101

Self-explanatory

Article 102

Self-explanatory

Article 103

Self-explanatory

Article 104

Self-explanatory

Article 105

Paragraph (1)

Referring to the other standard quality is that if there is no Indonesia pharmacopoeia standard, it can use US pharmacopoeia, British pharmacopoeia, and international pharmacopoeia standards.

Paragraph (2)

Self-explanatory

Article 106

Self-explanatory

Article 107

Self-explanatory

Article 108

Paragraph (1)

Referring to "medical staff" in this paragraph is pharmaceutical staff in accordance with their expertise and authorities. In case there is no pharmaceutical staff, certain medical personnel may perform limited pharmaceutical practice, for example, among other physicians and/or dentists, midwives, and nurses, who performed the works in accordance with the laws and regulations.

Paragraph (2)

Self-explanatory

Article 109

Self-explanatory

Article 110

Self-explanatory

Article 111

Self-explanatory

Article 112

In these regulations, it is including the use of food and beverages additives which may be used in the production and processing of food and beverages.

Article 113

Paragraph (1)

Self-explanatory

Paragraph (2)

Self-explanatory

Paragraph (3)

Determination of standard is to ensure that addictive substances contained in material can be suppressed/ minimized to prevent circulation of counterfeit of materials. Determination of requirements of material usage containing addictive substances are intended to suppress and prevent the use of substance which may interfere or harm the health.

Article 114

Referring to medical/health warnings are written made clearly and easily to read and may be accompanied by picture or any other form.

Article 115

Paragraph (1)

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

Paragraph (2)

The regional governments in stipulating non-smoking areas must consider all aspects holistically.

Article 116

Self-explanatory

Article 117

Self-explanatory

Article 118

Self-explanatory

Article 119

Self-explanatory

Article 120

Self-explanatory

Article 121

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Article 122

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Article 123

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Article 124

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Article 125

Self-explanatory

Article 126

Self-explanatory

Article 127

Self-explanatory

Article 128

Paragraph (1)

Referring to giving exclusive breast milk, is giving only breast milk for 6 months, and can be continued up to 2 (two) years by providing supplementary food of breast milk (MP-ASI) as food supplement in accordance with the needs of the baby.

Referring to medical indication is mother's health condition that is not allowed to give breast milk based on medical indications stipulated by medical personnel.

Paragraph (2)

Self-explanatory

Paragraph (3)

Self-explanatory

Article 129

Paragraph (1)

Referring to policy in this paragraph is making norms, standards, procedures and criteria.

Paragraph (2)

Self-explanatory

Article 130

Self-explanatory

Article 131

Self-explanatory

Article 132

Self-explanatory

Article 134

Self-explanatory

Article 135

Self-explanatory

Article 136

Paragraph (1)

Every school-age children and adolescents are entitled to get information and education as well as health services including adolescence reproductive health with the attention to be freed from various health disorders and diseases which could hinder the development of the child's potency.

Every school-age children and adolescents are entitled to get health education through schools or madrasah and outside school to improve life capability of children in a healthy environment, so that they can learn, grow and develop harmoniously and optimal to be qualified human resource.

School age and adolescents constructive effort as referred to in paragraph (1) should be directed to prepare the children to become healthy adults, intelligent and productive both social and economic

Paragraph (2)

Self-explanatory

Paragraph (3)

Self-explanatory

Article 137

Self-explanatory

Article 138

Self-explanatory

Article 139

Self-explanatory

Article 140

Self-explanatory

Article 141

Paragraph (1)

Self-explanatory

Paragraph (2)

Referring to "balanced nutrition" is the nutrition needs to prevent the risk of over nutrients and lack nutrition.

Paragraph (3)

Self-explanatory

Article 142

Self-explanatory

Article 143

Self-explanatory

Article 144

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Article 155

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Article 156

Self-explanatory

Article 157

Paragraph (1)

Clean and healthy live style for people with infectious diseases shall be carried by not taking participation that could facilitate the transmission of the disease to the others.

Paragraph (2)

Self-explanatory

Paragraph (3)

Self-explanatory

Article 158

Self-explanatory

Article 159

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Article 160

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Article 161

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Article 169

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Article 170

Self-explanatory

Article 171

Paragraph (1)

Self-explanatory

Paragraph (2)

For areas that have set up more than 10% in order not to reduce the number of allocations and for areas which have no capability, it should be implemented stage by stage.

Paragraph (3)

Paragraph (3)

Referring to public service interest is a good health preventive services, promotional services, curative services, and rehabilitative services needed by the community to improve the health. Any expenses must be conducted efficiently and effectively by emphasizing the preventive and promoting services and the amount shall be at least 2/3 (two thirds) of the State Budget and Budgets.

Article 172

Self-explanatory

Article 173

Self-explanatory

Article 174

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Article 175

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Article 203

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Article 204

Self-explanatory

Article 205

Self-explanatory

SUPPLEMENT TO THE STATE GAZETTE OF THE REPUBLIC OF INDONESIA NUMBER ...

Jakarta, 14 September 2008

**HOUSE OF REPRESENTATIVES OF THE REPUBLIC
OF INDONESIA**

CHAIRMAN,

dr. H.R AGUNG LASKSONO