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Strengthening the legal framework for the right to healthcare services in underdeveloped regions: A study in East Nusa Tenggara

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Abstract

The provision of health services in underdeveloped regions is still facing challenges related to the fulfilment of the right to safe, quality and affordable health services being guaranteed by the 1945 Constitution of the Republic of Indonesia and Law Number 17 of 2023 on Health. This study is aimed to characterize the legal regulation concerning fulfilment of the community right to health service in East Nusa Tenggara Province as one of the underdeveloped regions. The methods employed in this study are normative legal methods using a statutory, conceptual, philosophical, case, and comparative approach which is prescriptive in nature. The analysis uses welfare state theory and states' obligation to fulfil or realize socio-economic rights to assess the effectiveness of legal regulations of the health sector. As per the results of the study, the right to safe, quality, and affordable health service is recognized in Law Number 17 Year 2023 on Health. But this law has not yet provided a clear and operational normative formulation about the standard of fulfillment of this right, especially in underdeveloped regions. The ambiguity of the norm can lead to implementation gaps like lack of health facilities and infrastructure, shortage of health workers, disparity in quality of services, and low accessibility and affordability of services. Consequently, the discussion stresses the need for the laws to be strengthened by formulating more measurable normative standards, affirmative regulations for underdeveloped regions, more stringent supervision and accountability of the state to implement the right to healthcare services fairly and sustainably.

Keywords: *right to health, health services, legal regulation, health law*

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1. Introduction

According to Presidential Regulation No. 63/2020 on the Determination of Underdeveloped Areas in 2020 – 2024, there are 62 underdeveloped areas in Indonesia which are located in eleven provinces in five islands, including Papua, Maluku, Nusa Tenggara, Sulawesi, and Sumatra. In East Nusa Tenggara Province, 13 regencies are categorized as underdeveloped regions (Bappenas, 2020). A range of progress indicators informed this particular categorization, most notably a substandard Human Development Index and a considerable proportion of the populace living in poverty. With an average HDI of 58.91 and a destitution rate of 25.85 percent recorded at the time of classification (Jenar, 2023), these regions made manifest a development chasm of considerable magnitude relative to zones of greater economic advancement (Presidential Regulation Number 105 of 2021).

Inequitable access to medical services arises in large measure from the condition of less developed regions, a circumstance that directly hampers efforts to achieve the optimal standard of collective health (Lensoni et al., 2022). The fulfillment of the right to safe, quality, and affordable healthcare services for the entire community, particularly in East Nusa Tenggara Province, continues to face various challenges, including limited health infrastructure, geographical constraints, and shortages of health workers ((Florentianus & Maria, 2019). Therefore, synergy between the central government, local governments, and stakeholders is required through both legal and non-legal policies, as mandated by Law Number 17 of 2023 on Health. Article 4, paragraph 1, letter c of Law Number 17 of 2023 guarantees every person's right to obtain safe, quality, and affordable healthcare services. Safe services protect patients from risk, quality services meet professional standards and codes of ethics (Diaz, 2025), while affordable services mean accessibility for the community in terms of both cost and distance (Azwar, 1994).

The government, in its capacity as the responsible authority, must ensure compliance with this right, guided by the imperatives of provision, reachability, cultural appropriateness, and standard of care, all of which are embedded within the health entitlement framework (Hilmi et al., 2022; Masau, 2019). This duty finds further corroboration in the doctrines of human rights, wherein the delivery of medical services must necessarily conform to the requisites of adequate provision, physical and economic reachability, patient-centred appropriateness, and excellence in care (Isriawaty, 2015). However, implementation in underdeveloped regions, particularly in East Nusa Tenggara Province, remains suboptimal due

to limited health facilities, medical personnel, supporting infrastructure, and medicines, as well as high service costs and difficult access to health facilities. These conditions have resulted in the community not yet receiving equitable safe, quality, and affordable healthcare services (Altea et al., 2025).

The issue is not only related to implementation but is also rooted in normative deficiencies. Article 4, paragraph 1, letter c of Law Number 17 of 2023 indeed guarantees the right to safe, quality, and affordable healthcare services; however, it fails to provide adequate explanation regarding the meaning, scope, indicators, or operational standards of these three concepts. Furthermore, various implementing regulations such as Government Regulation Number 28 of 2024, Government Regulation Number 47 of 2016, Presidential Regulation Number 59 of 2024, as well as Minister of Health Regulations Number 90 of 2015, Number 4 of 2019, and Number 30 of 2022 have likewise failed to provide comprehensive regulation of legal standards for safe, quality, and affordable healthcare services. Consequently, legal uncertainty persists, resulting in disparities in the implementation of healthcare services across regions, particularly in underdeveloped regions.

Previous studies have discussed disparities in healthcare services, infrastructure limitations, and the distribution of health workers in underdeveloped regions (Altea et al., 2025; Hilmi et al., 2022; Lensoni et al., 2022). Other studies have also examined the state's obligation to fulfill the right to health from constitutional and human rights perspectives (Isriawaty, 2015; Masau, 2019). Nevertheless, research specifically analyzing the adequacy of the norms in Article 4, paragraph 1, letter c of Law Number 17 of 2023, together with its implementing regulations, in providing definitions, indicators, and legal standards for safe, quality, and affordable healthcare services remains very limited. Hence, the relationship between the weaknesses of legal norms and the persistent disparities in healthcare services in underdeveloped regions has not been comprehensively examined. This condition constitutes the research gap addressed in this study.

This normative ambiguity also gives rise to philosophical, juridical, and sociological issues. In terms of philosophy, the inequality in the provision of the right to healthcare services is an indicator that the idea of welfare state, as prescribed in the constitution, has not been actualized yet. Legally, the lack of clear norms about the definition and criteria for the provision of safe, good, and affordable healthcare services causes a legal ambiguity in the implementation of Article 4, paragraph 1, letter c of the 2023 law number 17. Socially, the

situation leads to the fact that there is limited access to the healthcare services, a lack of health workers, high costs of the services, as well as tendencies of people in developing areas to practice traditional medicine (Chen et al., 2025).

From the arguments, this research aims to: (1) examine the true nature of the implementation of the right to quality, safe, and affordable healthcare services for the community in underdeveloped areas; (2) examine whether the legal provisions in Law No. 17/2023 and its implementation have been sufficient enough to guarantee the implementation of such rights; and (3) devise an ideal legal regulation framework which will offer a clear normative guidance on how the right to healthcare service can be effectively fulfilled, especially in the province of East Nusa Tenggara.

2. Literature Review

Right to health is among the human rights provided for in international legal instruments as well as the constitutions of many states. According to Hendriks (1998), there exists a legal duty on the part of the state to provide access to a healthcare system that is available to everyone. With regard to the right to health, Toebes (2018) argues that realization of this right calls for the existence of a legal structure that makes it possible to turn normative recognition into state duties. In respect to international health law, the implementation of the right to health is normally done with respect to the principle of AAAQ, which stands for availability, accessibility, acceptability, and quality (Montel et al., 2022).

Healthcare services research in Indonesia has mainly been centered around the inequality of access to healthcare services, the allocation of health facilities, and national health policies implementation. According to Soewondo et al. (2019), communities living in underdeveloped areas still have difficulties with facilities and health workers availability. Similarly, Laksono and Wulandari (2019) identifies the existence of service disparities between urban and rural locations, with the increasing National Health Insurance coverage area has not yet eliminated geographical obstacles for accessing healthcare services (Mboi et al., 2018). Titaley et al. (2025) further disclose that the eastern part of Indonesia still experiences different structural barriers when accessing healthcare services.

From a legal standpoint, existing previous works have mainly been focused on the recognition of the right to health, protection of patient's rights, and application of Law Number 17 of 2023 on Health (Agustin & Syahuri, 2024; Nurnaeni & Bachri, 2024; Tandry et al.,

2024). However, despite these studies being focused on legal explanation and protection of patients' rights, none of the literature has studied the connection between the design of health regulation and provision of the right to healthcare services for communities in underdeveloped areas.

The present review reveals that a lacuna persists for academic investigation concerning the adequacy of Indonesia's legislative framework in the health domain, specifically with regard to its capacity to guarantee the provision of care that is clinically sound, qualitatively robust, and financially attainable for communities situated in less developed regions. By means of a doctrinal legal analysis applied to Law Number 17 of 2023 and its subsidiary provisions, this research remedies the identified lacuna and proceeds to elaborate a regulatory blueprint that would serve to fortify the practical realisation of the right to health.

3. Methodology

Given its primary orientation toward the scrutiny of legal precepts and codified provisions concerning the delivery of safe, superior, and cost-accessible medical care to disadvantaged communities, this study properly falls within the domain of normative juridical inquiry. Normative legal research produces legal argumentation through the systematization of positive law, doctrinal analysis, legal synchronization, and comparative study (Abdulkadir, 2004; Budiono et al., 2015). Accordingly, this study aims to analyze the adequacy of the norms in Law Number 17 of 2023 on Health, particularly Article 4, paragraph 1, letter c, in guaranteeing the fulfillment of the right to healthcare services for communities in underdeveloped regions.

This study adopts the tripartite methodological schema proposed by Ishaq (2017), comprising the statutory, conceptual, and comparative approaches. Under the statutory approach, an exhaustive examination is conducted to ascertain the degree of harmonisation among Indonesia's health service regulatory corpus, which includes the 1945 Constitution, Law Number 17 of 2023, Law Number 39 of 1999, Government Regulation Number 28 of 2024, Government Regulation Number 47 of 2016, Presidential Regulation Number 59 of 2024, and all relevant ministerial issuances. The conceptual approach provides the intellectual apparatus for dissecting the notion of health as a fundamental right and the correlative responsibilities incumbent upon the state, drawing principally from established legal doctrines. Meanwhile, the comparative approach situates national legislation within a broader juridical

context by aligning it with analogous legal principles and the prevailing international norms that bear upon the full realisation of the right to health.

A stratified classification of legal sources underpins this study, with primary materials comprising all relevant legislative enactments, secondary materials encompassing monographs, learned periodicals, and national as well as international scholarly publications treating the right to medical care, and tertiary materials including terminological guides, linguistic references, encyclopaedic works, and other auxiliary academic resources. Access to these disparate categories of source material was achieved via library-based investigation carried out across legal documentation centres, physical library collections, and online academic platforms (Susmayati, 2021).

Analysis was conducted prescriptively through the process of identifying regulatory issues, analyzing synchronization and normative adequacy, interpreting laws, and constructing legal arguments to generate recommendations for regulatory improvement (Marzuki, 2017). This paper suggests improving the content of Article 4, Paragraph 1, subparagraph c of Law No. 17 of 2023 by adding normative indicators about the concept of safe, quality, and affordable healthcare services for the community living in less developed areas. This research is confined to the normative analysis of statutory regulation and does not involve the empirical examination of the law's execution in practice. Since this research only uses legal documents and publications without conducting any experiments on humans, it does not require ethical clearance.

4. Findings and Discussion

4.1. The Nature of Fulfilling the Right to Safe, Quality, and Affordable Health Services for Communities in Underdeveloped Regions

The 1945 Constitution of the Republic of Indonesia ensures that health is one of the basic rights that have been provided through Article 28H (1) and Article 34 (3) of the Constitution. Besides recognizing the right to health, these articles also place an obligation upon the state to provide access to healthcare facilities to all people, including those living in areas that are not yet developed and have geographical barriers and lack of health facilities. Affandi (2019) and Basuki (2020) argue that constitutional guarantees create a positive role for the state to reduce inequalities in healthcare facilities.

The constitutional protection is additionally supported by Law Number 39 of 1999 on Human Rights. In Article 9, paragraph 3 states that everyone has the right to receive health care services which are part of the protection of human dignity and thus preventing discrimination in providing services based on geographic locations. In line with Agustin and Syahuri (2024), the right to health is inherent for everyone. Hence, Hendriks (1998) and Toebes (2018) argue that it is the duty of the state to protect people from discrimination in receiving health care services. However, Laksono and Wulandari (2019) observe that people living in remote areas still face difficulties in accessing health care services.

Law Number 17 of 2023 on Health guarantees every person's right to safe, quality, and affordable healthcare services, which should be guaranteed by the State following Article 4 in accordance with AAAQ. However, the lack of operational definitions and legal indicators of what is considered as safe, quality, and affordable services, especially in the underdeveloped areas, is inherent in Law Number 17 of 2023. The lack of the minimum requirements for the underdeveloped areas in terms of facilities, infrastructure, and health workers is consistent with the findings of Agustina et al. (2021) and Prasetyo and Prananingrum (2022) that the health regulations in Indonesia are purely normative without clear criteria of implementation. Such flexibility of the State's interpretation of the minimum requirements allows for the differences in their implementation depending on the region. Mboi et al. (2018) and Onsay (2022) prove that the fulfillment of the legal requirements by the underdeveloped regions is formal due to the lack of resources. Accordingly, Law No. 17 of 2023 still needs further regulatory measures in order to implement the constitutional provision in a tangible way.

The Government Regulation No. 28/2024, as an implementing regulation of the Law No. 17/2023, regulates the general framework of providing healthcare services. Normative analysis shows that despite the fact that the regulation is still general and administrative, it has not regulated affirmative policies towards the communities in underdeveloped areas. The regulation has not regulated any obligation on providing the infrastructure, health professionals, or minimum standard of services according to the specific conditions in isolated areas. According to Titaley et al. (2025), generalized health policies have not yet been able to accommodate the geographical and socio-economic conditions of border and remote areas.

According to Government Regulation Number 47 of 2016 related to Health Facilities, the government is responsible for ensuring the equal distribution of and access to health facilities and services. However, this regulation has not specified the minimum quantity of

health facilities to be made available in less developed areas, nor has it differentiated the extent of government responsibilities in accordance with the development of regions and geographical obstacles. As a result, the gap is preserved between the legal framework and the reality, as many health facilities do not comply with the established standards concerning health facilities, medical equipment, and human resources (Apriliana, 2025). This demonstrates that the regulations in force have not turned the constitutional requirements into proper obligations.

From the perspective of affordability, the Presidential Regulation No. 59 of 2024 on Health Insurance delivers stronger financial protection under the National Health Insurance (JKN) scheme. However, its normative analysis suggests that affordability is not only a matter of financing healthcare services but is also determined by physical access to health facilities, means of transportation, referral systems, and geographical access, especially in the less developed regions. This finding is in accordance with the findings of Laksono and Wulandari (2019) and Nugraheni et al. (2018) that even though JKN has succeeded in reducing the burden of direct medical costs, communities in remote areas have to deal with high indirect costs such as transportation, accommodation, and referral services. Thus, the idea of affordability must be interpreted as the notion of financial affordability and geographical accessibility in order to make the constitutional right to health practically fulfilled.

Minister of Health Regulation Number 90 of 2015 provides an operational framework for the provision of healthcare services in remote and very remote regions as an affirmative policy aimed at improving access for communities in geographically isolated areas. However, normative analysis indicates that this regulation remains focused on administrative aspects and has not yet established effective legal mechanisms concerning supervision, accountability, or sanctions in cases where service quality and patient safety standards are not met. As a result, compliance with the regulation depends more on administrative commitment than on enforceable legal responsibility. The findings are consistent with Soewondo et al. (2019), who identify inadequate supervision as a main factor that hinders the improvement of health care service quality in rural areas.

The regulations from the Ministry of Health on the Minimum Standard of Health Services No. 4/2019 and the regulation from the Ministry of Health on the Indicators of National Health Service Quality No. 30/2022 provide guidelines for improving the quality of health services at the national level. However, the application of standard criteria has not been

able to consider the situation of underdeveloped areas. According to Titaley et al. (2025), many underdeveloped areas are still struggling to achieve the national quality criteria because of the problems with infrastructure, health personnel, and support structures. Therefore, the legal system needs to create more contextual laws to maintain the national quality criteria.

Based on the normative analysis, the right to access healthcare services is ensured by a fully-fledged legal system in Indonesia, namely, the constitution, laws, government decrees, presidential decrees, and ministerial decrees. Nevertheless, such a variety of legal regulations is disjointed and does not provide legal norms that are practical, quantifiable, and flexible to take into account special features of underdeveloped areas. Such a legal gap is the main result of the research that justifies further discussion of the implementation of existing legal norms and an elaboration of a better legal-regulatory system in the next section.

4.2. Implementation of Legal Arrangements Related to Fulfilling the Right to Safe, Quality, and Affordable Health Services for Communities in Underdeveloped Regions

Within the constitutional system of Indonesia, the provision of good-quality, accessible, and affordable health care services is considered part of human rights. Under Article 28H of the Constitution of Indonesia dated 1945, in combination with Law Number 17 of 2023 concerning Health, the law provides for the obligations of the state to provide quality, accessible, and affordable health care services. Normative analysis of the study reveals that both the tools take into consideration that right to health care is a constitutional right that needs to be respected, protected and fulfilled by the state. This finding is consistent with the view held by Nurnaeni and Bachri (2024) that the delivery of health care services is a responsibility of the state in ensuring social justice and human rights.

However, upon closer analysis, one will observe that Law No. 17 of 2023 improves the rights of patients by ensuring patient safety, accessibility to medical information, informed consent, confidentiality of the medical record, and dispute resolution process. In contrast to the provisions introduced by earlier laws and regulations, the provisions proposed by Law No. 17 of 2023 give patients stronger rights as right holders, which coincides with the findings reported by Sijabat et al. (2024) and Tandry et al. (2024). At the same time, findings from ongoing surveys show that such recognition has not yet translated into equal treatment in less developed areas. There is still a shortage of medical personnel, primary healthcare facilities, and infrastructure, as well as geography issues making it hard for the population in remote

locations to access reliable healthcare services. The outcomes of this study, therefore are consistent with conclusions drawn by Lajuck et al. (2024) regarding one of the key hindrances to healthcare accessibility in underdeveloped regions.

Results of studies show that disparities in health services emerge due to various geographical and institutional factors (Leosari et al., 2023), as well as the absence of sufficient regulations and guidelines in Law N. 17 of 2023. One can see this absence of regulations in clearly formulated provisions for minimum standards of services and mechanisms for allocation of resources. Although the right to health is declared exist, the distribution of budget responsibilities and power among authorities of various governmental institutions is still unclear (Supadmo & Triadi, 2024).

The flaws of the Indonesian legal system does not pertain to the affirmation of the right to health, but to the lack of real regulatory and enforcement mechanisms (Mohd et al., 2025). Such a situation gives many opportunities for local authorities to fulfill their obligations depending on their own capacities and leads to a highly unequal distribution of health services throughout the region. Other studies indicate that the effectiveness of protection under law is influenced by mechanisms of supervision and conflict resolution ((Nugroho & Handayani, 2022). Despite laws that protect patients, lack of institutional capabilities and monitoring systems hamper the operation of any effective complaint mechanism that should be functioning in order to protect people. This finding corroborates Setyowati (2022), who emphasize that it is necessary to introduce improvements in complaint and monitoring systems.

With regard to the linking of legal norms and their execution, this normative study clarifies that having legal provisions is not enough to ensure the effective implementation of the right to health. Legal regulations require that systems of firm action should be followed, which can fully respond to the particular needs of the regions where people do not live at a high-quality level (Affandi, 2019). The moment constitutional promises and legal requirements become just words written on paper remains to be defined; without transforming these concepts into actual plans for solving problems related to money, distance, moving, and shortage of medical workers, the right to health remains a written word that is not reached. The major problem is that there is a wide gap between the legal norms and reality; the law exists, but there is no action. An example of Law Number 17 of 2023 indicates that unfinished operational regulations in addition to considerable differences on the geographical zones still prevent people from getting proper and cheap medical help.

The delivery of secure, high-quality, and affordable health services to the inhabitants of economically undeveloped regions is part of the duty established by law for the state, which helps fulfill the citizens' primary rights. Isriawaty (2015) mentions that the right to health is a primary right that means the state should ensure respect, protection, and fulfillment of this right. Thus, the state should create an effective legislative policy since legitimate regulations serve not only as codified laws but also perform the role of an effective means of social justice. Given that, this research directly provides an efficient regulatory framework that adds to Law No. 17 of 2023 by implementing regulations aimed at setting minimum service standards for underdeveloped regions, outlining measurable criteria for the realization of the right to health, dividing the responsibilities between the central and local authorities, and establishing better monitoring and enforcing mechanism.

The problem does not lie in the absence of legal acknowledgment, but rather in the difference between legal standards and their enforcement. This idea is supported by various researches proving that the efficiency of the protection of the right to health is largely determined by compliance with service standards (Hidayat, 2016), the institutional readiness of health facilities (Masau, 2019), the equitable distribution of facilities and health workers (Soewondo et al., 2019), and the effectiveness of financing through the National Health Insurance Program, which remains dependent on the readiness of the service delivery system (Afifah & Paruntu, 2015; Khariza, 2015).

From a regional governance perspective, the needs of underdeveloped regions require affirmative policies. The 3T (*Tertinggal, Terdepan, Terluar* — underdeveloped, frontier, and outermost) regional development approach, as regulated under Head of BNPP Regulation Number 1 of 2011 and BNPP Regulation Number 1 of 2015, has provided a policy foundation for the equitable distribution of public services, including health (Situmorang & Ayustia, 2019). However, the analysis in this study indicates that the effectiveness of this policy remains highly dependent on coordination among levels of government and consistency in regional implementation. Even in emergency situations, the state's obligation to provide essential healthcare services must still be fulfilled in accordance with the principle of human rights protection (Matompo, 2014).

Based on the overall analysis, this study argues that the effectiveness of legal protection for the right to healthcare services must be measured by the extent to which legal norms are realized in practice, consistent with the view of Budiono et al. (2015). Thus, this study argues

that the improvement of legal protection cannot be accomplished merely through legal recognition entailed in Law Number 17 of 2023. It is therefore essential to have a well-defined operational regulatory framework, including necessary implementing regulations establishing minimum service standards for unequally developed regions, means of assessing the provision of the right to health, ways of separating powers between national and local authorities, a unified oversight system, and mechanisms for accountability that will be enforceable. It is believed that this framework will help to bridge the gap between legal norms and their application, thus ensuring the right to health protection.

4.3. The Ideal Legal Regulatory Model to Guarantee the Fulfillment of the Right to Safe, Quality, and Affordable Health Services for Communities in Underdeveloped Regions, Especially East Nusa Tenggara Province

The result of the normative analysis indicates that the various laws in Indonesia regarding the right to obtain health services in a safe, good quality and affordable manner are quite complete. This includes the 1945 Constitution, Law Number 17 of 2023 regarding Health and the implementing regulations. Legislation has not yet regulated operational and measurable standards of law from the perspective of underdeveloped regions. Differences in health services still occurs especially occurs for remote, border and archipelago areas which have limitations of facilities and infrastructure for health workers and access of transportation (Lajuck et al., 2024).

This weakness proves that Indonesia's regulatory design remains oriented toward the normative recognition of the right to health (rights recognition), while the implementation instruments linking this right to government obligations have not yet been adequately formulated. As a result, the effectiveness of regulation depends heavily on the administrative capacity of each region, such that underdeveloped regions continue to experience service disparities despite the availability of a national legal foundation. This study confirms previous research which found that poor institutional coordination, improper distribution of health centres, geographical distance and socio-economic inequality restricts availability and access to health care services (Listyaningrum et al., 2025). Although the National Health Insurance (JKN) has expanded financial protection, its implementation has not yet been able to guarantee equal access to quality health services due to persistent operational and institutional constraints (Setyowati, 2022).

Based on these findings, this study proposes an ideal legal regulatory model to strengthen the implementation of Law Number 17 of 2023 through more specific and operational implementing regulations. The proposed model is developed based on the normative gaps identified in this study and is intended to transform constitutional guarantees into measurable legal obligations. The presented regulatory model consists of four major components.

First, creating specific legal meanings and measurable signs for what safe, high-standard, and low-cost healthcare services represent is a necessity for implementing regulations, specifically for areas that lack development. These signs must act as a legal measure tool for checking if the state follows its constitutional duties.

Second, the legal framework should outline affirmative legal provisions regarding equitable distribution. According to the geographical distribution as well as the health requirements of backward areas, this must be with respect to health workers, health facilities, medical equipment, and health financing.

Third, the implementing regulations shall enhance the legal enforceability through establishing obligatory supervisory mechanisms, periodical evaluation, easily available public complaint mechanism and enforceable sanctions in case minimum healthcare services standards are not met. The mechanisms guarantee that constitutional rights will not merely be achieved through administrative commitment, but instead through legal guarantee.

Lastly, the AAAQ principles must be incorporated in health regulations framework. These principles should be adopted as a legal measure for measuring government performance also for assessing the public services delivery performance. The implementing regulations must insert the referenced principles from international instruments in the formation of national implementing regulations. In this manner, the AAAQ principles will be more legally certain and will strengthen the vulnerable underdeveloped community's protection (Yuliati, 2025).

The regulatory framework further demonstrates that what is termed protection of the law ought not to be seen as mere existence of rules of law. However, the law must protect the realization of constitutional rights through state administration responsible for the organization. The law must be a tool that regulates its functions and as regulating tool in strengthening legal certainty, essentially justice and increasing public confidence in the health system. The geographical conditions and structural limitations of the East Nusa Tenggara

Province are distinctive. The legal policy must be affirmative and necessarily different from those implemented in already developed regions.

5. Conclusion

This study points out that the barrier to exercising the right to adequate, secure, and inexpensive healthcare services does not arise from a lack of legislation but rather from the inefficiency of its implementation. While looking at Law Number 17 of 2023 on Health and the rules that follow Law Number 17 of 2023 on Health, the data shows that the requirements for medical assistance levels in underdeveloped regions are not written with precision or in a way that allows for steady use. This study enriches legal research in the realm of health law, claiming that the realization of the right to health is contingent upon normative recognition in the legislation in force and availability of action norms, which ensure the implementation of the right in a proper manner.

The findings of this study highlight the need to re-formulate health law and policy so that they take into account the realities of developing regions more appropriately. The regulatory efforts must focus on developing new standards for healthcare provision that could be applied and monitored, clarifying roles of central and local authorities, improving authority and responsibility mechanisms, and elaborating monitoring tools that would enable constant assessment of the right to health. The reforms of this nature may contribute to reduction of the gap existing between legal requirements and their enforcement in practice that, in its turn, would guarantee the realization of health rights of the members of disadvantaged communities.

This research employs a normative legal research approach focused on the study of legislation and legal doctrine; therefore, it does not examine the implementation of laws through empirical data or field surveys. As such, the findings are limited to an evaluation of the legal framework and do not assess the practical effectiveness of healthcare service provision in the regions. Further research may employ both normative and empirical methods to examine the practical implementation and effectiveness of the legal framework.

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References

Abdulkadir, M. (2004). *Hukum dan penelitian hukum*. PT Citra Aditya Bakti.

Affandi, H. (2019). Implementasi hak atas kesehatan menurut Undang-Undang Dasar 1945: Antara pengaturan dan realisasi tanggung jawab negara. *Jurnal Hukum Positum, 4*(1), 36–56. https://doi.org/10.35706/positum.v4i1.3006

Afifah, W., & Paruntu, D. N. (2015). Perlindungan hukum hak kesehatan warga negara berdasarkan Undang-Undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial. *Mimbar Keadilan*, 150, 169. https://doi.org/10.30996/mk.v0i0.2117

Agustin, R., & Syahuri, T. (2024). Implementasi Undang-Undang Kesehatan: Implikasi terhadap kesejahteraan masyarakat dan perspektif tenaga kesehatan di Indonesia. *Bacarita Law Journal, 4*(2), 64–76. https://doi.org/10.30598/bacarita.v4i2.12362

Agustina, R., Sharon, G., Yustitianingtyas, L., & Widodo, H. (2021). Kebijakan wajib vaksinansi COVID-19 ditinjau dari asas manfaat, kepentingan umum dan hak asasi manusia. *Indonesia Law Reform Journal, 1*(3), 384–398. https://doi.org/10.22219/ilrej.v1i3.18244

Altea, M. M., Mapote, K. B., Del Mundo, K., Guillermo, K., Belen, J. A., Orapa, T. C., Corcolon, K., & Quintana, M. L. (2025). Community needs assessment and status of primary health care in Middle Sitio Baloc. *Journal of Allied Health Sciences & Medical Research, 1*(1), 42-67. https://doi.org/10.53378/jahsmr.353169

Apriliana, M. (2025). Analysis of urban facility needs in Allu City, Bangkala District, Jeneponto Regency. *Journal of Infrastructure and Construction Innovation, 1*(1), 1–17. https://doi.org/10.66324/jici.v1i1.91

Azwar, A. (1994). *Program menjaga mutu pelayanan kesehatan (Aplikasi prinsip lingkaran pemecahan masalah).* Yayasan Penerbitan Ikatan Dokter Indonesia.

Bappenas. (2020). *Menteri Suharso Jabarkan Strategi Bappenas untuk Percepatan Pembangunan 62 Daerah Tertinggal*. Bappenas.Go.Id. https://www.bappenas.go.id/index.php/berita/menteri-suharso-jabarkan-strategi-bappenas-untuk-percepatan-pembangunan-62-daerah-tertinggal

Basuki, U. (2020). Merunut konstitusionalisme hak atas pelayanan kesehatan sebagai hak asasi manusia. *Jurnal Hukum Caraka Justitia, 1*(1), 21–41. https://doi.org/10.30588/jhcj.v1i1.699

Budiono, A. R., Bellefroid, Z., Chand, H., Sidharta, B. A., & Mahmud, P. (2015). *Ilmu hukum dan penelitian hukum*. Universitas Brawijaya.

Diaz, M. K. (2025). Electronic medical records in primary care facilities: Implication for health services delivery. *Journal of Allied Health Sciences & Medical Research, 1*(3). https://doi.org/10.53378/jahsmr.353257

Florentianus, T., & Maria, B. M. (2019). The Effect of Accessibility on Performance of Maternal and Child Health Policy Implementation in East Nusa Tenggara Province, Indonesia. *Global Journal of Health Science*, *11*(11), 180–191. https://doi.org/10.5539/gjhs.v11n11p180

Hendriks. (1998). The right to health in national and international jurisprudence. *European Journal of Health Law, 5*(4), 389–408. https://doi.org/10.1163/15718099820522597

Hidayat, R. (2016). Hak atas derajat pelayanan kesehatan yang optimal. *Syariah: Jurnal Hukum dan Pemikiran, 16*(2), 127–134. https://doi.org/10.18592/sy.v16i2.1035

Hilmi, I. L., Salman, S., Sholih, M. G., Ratnasari, D., & Septiani, D. (2022). Penyukia (Penyuluhan dan edukasi kesehatan ibu dan anak) pada Puskesmas Rawamerta Karawang. *Journal of Sustainable Community Service, 2*(4), 214–222. https://doi.org/10.55047/jscs.v2i4.638

Ishaq. (2017). *Metode penelitian hukum dan penulisan skripsi, tesis, serta disertasi*. Alfabeta.

Isriawaty, F. S. (2015). Tanggung jawab negara dalam pemenuhan hak atas kesehatan masyarakat berdasarkan Undang-Undang Dasar Negara Republik Indonesia Tahun 1945. *Journal Ilmu Hukum Legal Opinion, 2*(3), 1–10. https://repository.untad.ac.id/id/eprint/140246/

Jenar, S. (2023). The Acceleration Development of Disadvantaged Regions Policy in Post-Pandemic Covid-19. *International Journal of Business, Economics, and Social Development*, *4*(3), 175–184. https://doi.org/10.46336/ijbesd.v4i3.453

Khariza, H. A. (2015). Program Jaminan Kesehatan Nasional (Studi deskriptif tentang faktor-faktor yang dapat mempengaruhi keberhasilan implementasi Program Jaminan Kesehatan Nasional di Rumah Sakit Jiwa Menur Surabaya). *Jurnal Kebijakan dan Manajemen Publik, 3*(1), 1–7. https://repository.unair.ac.id/17554/

Lajuck, P. B., Krissinta, M. W., & Simanjuntak, D. (2024). Kesehatan sebagai bagian dari hak asasi manusia: Studi kasus terhadap kesenjangan akses pelayanan kesehatan di sebuah rumah sakit pratama di daerah kepulauan. *Proceeding Masyarakat Hukum Kesehatan Indonesia, 1*(1), 314–327. https://rumah-jurnal.com/index.php/pmhki/article/view/217

Laksono, A. D., & Wulandari, R. D. (2019). Urban–rural disparities of facility-based childbirth in Indonesia. In *Proceedings of the 4th International Symposium on Health Research (ISHR 2019)*. https://doi.org/10.2991/ahsr.k.200215.007

Lensoni, Andriaty, S. N., Zahara, H., Kala, P. R., Anggriani, Y., Raisah, P., Karma, T., Khumairah, R., Sari, M., & Naira, A. Z. (2022). Pengaruh sosialisasi terhadap peningkatan pengetahuan masyarakat Desa Lambroe Bileu Aceh Besar. *Portal Riset dan Inovasi Pengabdian Masyarakat, 2*(1), 35–39. https://doi.org/10.55047/prima.v2i1.360

Leosari, Y., Uelmen, J. A., & Carney, R. M. (2023). Spatial evaluation of healthcare accessibility across archipelagic communities of Maluku Province, Indonesia. *PLOS Global Public Health*, *3*(3), e0001600. https://doi.org/10.1371/journal.pgph.0001600

Listyaningrum, N., Sukadi, S., & Lubis, J. (2025). Legal perspectives on healthcare inequality in Indonesia. *KARSA Journal of Social and Islamic Culture, 33*(1), 272–296. https://doi.org/10.19105/karsa.v33i1.20302

Marzuki, P. M. (2017). *Penelitian hukum*. Kencana Prenada Media Group.

Masau, A. G. (2019). Pemenuhan hak pelayanan kesehatan bagi masyarakat di Rumah Sakit Lakipadada Kabupaten Tana Toraja. *Phinisi Integration Review, 2*(2), 174–184. https://doi.org/10.26858/pir.v2i2.9980

Matompo, O. S. (2014). Pembatasan terhadap hak asasi manusia dalam perspektif keadaan darurat. *Jurnal Media Hukum, 21*(1), 16. https://doi.org/10.18196/jmh.v21i1.1157

Mboi, N., Surbakti, I. M., Trihandini, I., Elyazar, I., Smith, K. H., Ali, P. B., Kosen, S., Flemons, K., Ray, S. E., & Cao, J. (2018). On the road to universal health care in Indonesia, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *The Lancet, 392*(10147), 581–591. https://doi.org/10.1016/S0140-6736(18)30595-6

Mohd, N. A., Lim, K., Kassem, T., & Prasetyo, D. A. (2025). The Right to Health and the Role of the State: A Legal Analysis of Indonesia's Health Policies. *Indonesian Health Justice Review*, *2*(1), 1–15. https://doi.org/10.65815/a3wf0k02

Montel, L., Ssenyonga, N., Coleman, M. P., & Allemani, C. (2022). How should implementation of the human right to health be assessed? A scoping review of the public health literature from 2000 to 2021. *International Journal for Equity in Health, 21*(1). https://doi.org/10.1186/s12939-022-01742-0

Nugraheni, W. P., Hidayat, B., Nadjib, M., Pambudi, E. S., Kosen, S., Trihandini, I., & Thabrany, H. (2018). Impact evaluation of national health insurance toward access hospital inpatient care in Indonesia. *Indian Journal of Public Health Research and Development, 9*(2), 196–200. https://doi.org/10.5958/0976-5506.2018.00118.3

Nugroho, A. P., & Handayani, S. (2022). Call for asymmetric health decentralisation in Indonesia. *Jurnal Borneo Administrator*, *18*(2), 139–154. https://doi.org/10.24258/jba.v18i2.999

Nurnaeni, N., & Bachri, S. (2024). Peran hukum dalam menjamin hak atas kesehatan: Analisis perlindungan hukum bagi pasien di Indonesia. *Jurnal Berita Kesehatan, 17*(2), 58–69. https://doi.org/10.58294/jbk.v17i2.204

Onsay, E. A. (2022). Poverty profile and health dynamics of Indigenous people. *International Review of Social Sciences Research, 2*(1), 1-27. https://doi.org/10.53378/352876

Prasetyo, A., & Prananingrum, D. H. (2022). Disrupsi layanan kesehatan berbasis telemedicine: Hubungan hukum dan tanggung jawab hukum pasien dan dokter: Indonesia. *Refleksi Hukum: Jurnal Ilmu Hukum, 6*(2), 225–246. https://doi.org/10.24246/jrh.2022.v6.i2.p225-246

Setyowati, R. K. (2022). Sistem jaminan kesehatan yang memenuhi hak-hak kepesertaan. *Justice Voice, 1*(1), 1–9. https://doi.org/10.37893/jv.v1i1.27

Sijabat, H. H., Saragih, B. R., Sibuea, H. P., & Widjaja, G. (2024). Legal protection of patient rights in health services. *The International Tax Journal, 51*(6), 215–222. https://internationaltaxjournal.online/index.php/itj/article/view/29

Situmorang, D. M., & Ayustia, R. (2019). Model pembangunan daerah 3T: Studi kasus daerah perbatasan Kabupaten Bengkayang. *Mbia, 18*(1), 49–64. https://doi.org/10.33557/mbia.v18i1.321

Soewondo, P., Johar, M., Pujisubekti, R., & Irawati, D. O. (2019). Kondisi kesehatan masyarakat yang bermukim di daerah tertinggal: Kasus dari Bengkulu, Sulawesi

Selatan, dan Nusa Tenggara Timur. *Media Penelitian dan Pengembangan Kesehatan, 29*(4), 285–296. https://doi.org/10.22435/mpk.v29i4.945

Supadmo, D., & Triadi, I. (2024). Akses terhadap layanan kesehatan di Indonesia sebagai bagian hak asasi manusia dalam konteks kesehatan bagi warga kurang mampu. *Causa: Jurnal Hukum dan Kewarganegaraan, 9*(3), 51–60. https://ejournal.warunayama.org/index.php/causa/article/view/8362

Susmayati, R. (2021). Norma hukum dalam peraturan perundang-undangan. In *Ilmu perundang-undangan*. Sada Kurnia Pustaka.

Tandry, N., Arif, M. J., Siregar, Z., & Rosiwa, R. (2024). The legal protection for patients in medical practice and healthcare services. *International Journal of Law, Social Science, and Humanities, 1*(2), 100–110. https://doi.org/10.70193/ijlsh.v1i2.155

Titaley, C. R., Tjandrarini, D. H., Malakauseya, M. L. V., Ariawan, I., Iwan, R. F., Istia, S. S., & Dibley, M. J. (2025). Determinants of non-use of antenatal care services in eastern Indonesia: Analysis of the 2023 Indonesia health survey. *Frontiers in Global Women's Health, 6*, 1649276. https://doi.org/10.3389/fgwh.2025.1649276

Toebes, B. (2018). Global health law: Defining the field (Introduction). In *Research handbook on global health law*. https://doi.org/10.4337/9781785366543.00007

Yuliati, M. (2025). The right to health as a human right in access to services for marginalised communities. *Law and Judicial Review, 1*(1), 35–46. https://doi.org/10.70764/gdpu-ljr.2025.1(1)-04