

THE IDEA OF THE HEALTH OMNIBUS LAW AS A NATIONAL LEGAL POLICY IN AN EFFORT TO INCREASING PUBLIC HEALTH DEGREES IN INDONESIA

by I Nyoman Bagiastra

Submission date: 02-Dec-2022 09:09PM (UTC+0700)

Submission ID: 1969222289

File name: urnal_Omnibus_Law_Health_Sector_Template_De_Jure_2022-12-02.docx (68.81K)

Word count: 7239

Character count: 40930

THE IDEA OF THE HEALTH OMNIBUS LAW AS A NATIONAL LEGAL POLICY IN AN EFFORT TO INCREASING PUBLIC HEALTH DEGREES IN INDONESIA

I Nyoman Bagiastra

Faculty of Law, Universitas Udayana

Corresponding email: nyoman_bagiastra@unud.ac.id

Paper received on: 00-00-2021; Revised on: 00-00-2021; Approved to be published on: 00-00-2021

DOI: _____

ABSTRACT

This study aims to examine the ontological aspects of health promotion in an effort to improve public health status and to analyze the health sector in the GATS. This research also aims to offer the idea of OL Health as a national legal policy in an effort to improve public health status in Indonesia. This article uses normative legal research methods using statutory approaches, conceptual approach and analytical approach. The study indicates that the idea of an omnibus law on health as a national legal policy in an effort to improve public health status in Indonesia is a challenge as well as an opportunity. Considering that the health service sector has an important contribution to the sustainable development goals presented by the United Nations, that is, one of the goals of sustainable development is for a healthy and prosperous life. Therefore, it is necessary to revise and harmonize regulations both nationally and internationally which are based on Pancasila values to ensure that the mission is realized to improve public health in a comprehensive manner that is equitable, fair and affordable and has legal certainty.

Keywords: Public; Health; Omnibus Law; Indonesia

INTRODUCTION

The concept of the Omnibus Law (hereinafter OL) is common thing in establishing laws and regulations. Omnibus comes from the Latin word "omnis", which means all.¹ This concept has inspired many legislators in Anglo Saxon countries (Common Law System). Even several countries that adhere to the Continental European legal system (Civil Law System) have also used this method, inter alia: the United States of America (The Omnibus Act of June 1868, The Omnibus Act of February 22, 1889), Canada (Criminal Law Amendment Act, 1968- 69), Philippines (Tobacco Regulation Act of 2003), Argentina, Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, The Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Russia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Taiwan and Thailand.²

In Indonesia, the discourse on the use of the OL method was conveyed by the President of the Republic of Indonesia, Ir. H. Joko Widodo in 2019 in his state speech at the inauguration as President before the MPR session on 20 October 2019. OL is the focus of the president with the aim of being able to resolve overlapping regulatory and bureaucratic problems. It is hoped that the OL will provide good service to the community and attract foreign investors to invest in Indonesia.³

Initially, the introduction of the OL concept to Indonesia is oriented towards accelerating investment with the target of facilitating access for foreign investors to enter Indonesia. It is proven by the directives of the Indonesian president Joko Widodo that there will be 3 (three) laws that will be made as a form of OL namely taxation, creating jobs and empowering MSMEs. However, the concept underwent a significant shift. This is heavily influenced by the existence of laws in Indonesia which often overlap and there is disharmony between laws

¹ Jicca Anggraeni and Cipta Indra Lestari Rachman, "Omnibus Law in Indonesia: Is That the Right Strategy?," in *International Conference on Law, Economics and Health (ICLEH 2020)* (Atlantis Press, 2020), 180–182. p. 180

² Agnes Fitryantica, "Harmonisasi Peraturan Perundang-Undangan Indonesia Melalui Konsep Omnibus Law," *Gema Kajian* 6, no. 3 (2019): 300–316.

³ Adhi Setyo Prabowo et al., "Politik Hukum Omnibus Law Di Indonesia," *Jurnal Pamator: Jurnal Ilmiah Universitas Trunojoyo* 13, no. 1 (2020): 1–6.

and regulations with one another both horizontally and vertically.⁴

From October 2014 to 2018 there were recorded around 7,621 Ministerial Regulations. Meanwhile, the number of Presidential Regulations produced over the last four years was only 765 and Government Regulations were 452. It can be said that there are indeed too many laws and regulations in Indonesia. According to the Regulatory Quality Index issued by the World Bank, Indonesia's position during 1966-2017 was always ranked 92 out of 193 hyper regulation countries.⁵

Regarding the plan to draft a health omnibus law that will be regulated in the Draft Law on Health, it aims to provide reinforcements for health regulations, which are currently still divided into a number of different laws. Pros and cons related to this discourse continue to roll, especially the rejection by the health profession. The basic principle in Health is the harmonization of regulations in the Health sector. Regulatory simplification is very important to do. The Government's efforts to adopt an omnibus law on health as a national legal policy in an effort to improve public health status in Indonesia is a challenge and an opportunity in the future.

This study aims to examine the ontological aspects of health promotion in an effort to improve public health status and to analyze the health sector in the GATS. This research also aims to offer the idea of OL Health as a national legal policy in an effort to improve public health status in Indonesia.

Previous study was conducted by Antoni Putra in 2020 which examined the "Penerapan Omnibus Law Dalam Upaya Reformasi Regulasi".⁶ The focus of the study in this research is regarding the application of the omnibus law concept in an effort to reform regulations in a better direction. In 2021, Kana Purwadi, Hendra Sukarman, Dhaneswara Awindra Wijaya examined about "Legal Certainty: Fulfillment of Human Rights Regarding Health Within Omnibus Law Through Hospital Accreditation".⁷ The focus of the study in this research is regarding the legal certainty of

⁴ Zaka Firma Aditya and Abdul Basid Fuadi, "Konseptualisasi Omnibus Law Dalam Pemindahan Ibukota Negara," *Jurnal Ilmiah Kebijakan Hukum* 15, no. 1 (2021): 149–164.

⁵ Eka Nam Sihombing and Muhammad Yusrizal Adi Syaputra, "Implementasi Penggunaan Kecerdasan Buatan Dalam Pembentukan Peraturan Daerah," *Jurnal Ilmiah Kebijakan Hukum* (2020): 421.

⁶ Antoni Putra, "Penerapan Omnibus Law Dalam Upaya Reformasi Regulasi," *Jurnal Legislasi Indonesia* 17, no. 1 (2020): 1–10.

⁷ Kana Purwadi, Hendra Sukarman, and Dhaneswara Awindra Wijaya, "Legal Certainty: Fulfillment of Human

fulfilling human rights to health in the Omnibus Law through hospital accreditation arrangements and the urgency of establishing the Pancasila law.

Referring to the explanation above, it appears that there are similarities in terms of topic, namely that they both study the application of the omnibus law in regulatory reform efforts, it's just that the focus of the study is different. This research focuses on the idea of an omnibus law in the health sector as a national legal policy in an effort to improve public health status in Indonesia.

RESEARCH METHOD

This article uses normative legal research methods using statutory approaches, conceptual approach and analytical approach. Legal material search techniques use literature study techniques, as well as analysis of studies using qualitative analysis. Referring to Peter Mahmud Marzuki, a normative research is seen as a process to find legal rules, legal principles, or legal doctrines to answer legal problems that occur.⁸

DISCUSSION AND ANALYSIS

A. Ontological Aspects of Health Promotion in Efforts to Improve Public Health Degrees

Ontologically, health is one of the elements that is considered important in general welfare. According to the Article 1 point 1 of the Indonesia Law No. 36 of 2009 concerning Health (*hereinafter* Health Law), it is stated that:

"Health is a health condition, physically, mentally, spiritually and socially so that enabling any person to live a productive life socially and economically".⁹

Health development is always directed at increasing the degree of public health. One of the basis of health promotion in Indonesia is the Jakarta Declaration which formulates health promotion priorities for the 21st century, namely to increase social

Rights Regarding Health Within Omnibus Law Through Hospital Accreditation," *Jurnal Dinamika Hukum* 21, no. 2 (2022): 311–33.

⁸ Fajar, M & Achmad, Y. (2013). *Dualisme Penelitian Hukum Normatif & Empiris*, Yogyakarta: Pustaka Pajajar, h. 90.

⁹ Hernadi Affandi, "Implementasi Hak Atas Kesehatan Menurut Undang-Undang Dasar 1945: Antara Pengaturan Dan Realisasi Tanggung Jawab Negara," *Jurnal Hukum Positum* 4, no. 01 (2019): 36–56.

responsibility in health, increase investment for health development and expand partnerships for health, increase community capacity and individual empowerment and ensure the availability of health promotion infrastructure.¹⁰ This Declaration formulates:

1. Health promotion is the main investment that has an impact on health determinants, providing the greatest health benefit to society.
2. Health promotion provides positive results that are different from other efforts in increasing equity for the community in health.
3. Increasing social responsibility in health, increasing investment for health development, consolidating and expanding partnerships for health, increasing community capacity and empowering individuals and ensuring the availability of health promotion infrastructure. Health education is an important component in health promotion.

Furthermore, referring to the Ottawa Charter which is the result of the First Health Promotion International Conference in Ottawa, Canada. There are three main strategies that must be implemented in health promotion, namely advocacy, atmosphere building, and empowerment.¹¹ Those strategies shall be carried out in the form of actions namely developing policies with healthy public policy, namely seeking to make policy makers in various sectors at every level of administration establish policies taking into account the impact on public health then create an environment a supportive environment, namely striving for every sector in carrying out its activities to lead to the realization of a healthy physical and non-physical environment, strengthening community action by providing support for community activities so that they are more empowered in controlling factors that affect health, developing personal skills, namely striving for every individual in society to know, want and be able to make effective decisions in an effort to maintain, improve and realize their health, through the provision of information, as well as adequate education and training, reorienting the direction of health services, namely changing the mindset and public health service system therefore it prioritizes promotive and

preventive aspects, without neglecting curative and rehabilitative aspects.

Health promotion is an effort to improve health which includes promoting, supporting, encouraging and placing health higher on the agenda of individuals the general public. According to Notoatmodjo, health promotion is essentially an activity or effort to convey health messages to community groups or individuals. The implementation of health promotion according to Ginting, et.al in the Health Promotion Guide of the Ministry of Health of the Republic of Indonesia is known to have 3 (three) types of targets, namely primary targets, secondary targets and tertiary targets.¹² One of the efforts important elements to maximize the concept of community-based health promotion and prevention is to provide empowerment aimed at the direct community as the primary target of health promotion. The goal is that people have the ability to maintain and improve their own health. In an effort to make it complete, it is necessary to carry out a study and related in-depth study in the context of the ability to identify the characteristics of the community of each community including education, values of life in the community itself, beliefs, community cultural structures and the ability to identify the main problems in the community, community and the ability to collaborate with other professionals, including members of the community itself.

According to Ottawa Charter, "Health promotion is a process that allows individuals to improve their health status".¹³ This includes being physically, mentally and socially healthy so that individuals or communities can realize their goals, meet their needs, and change or overcome their environment. Health is a resource of life not just an object for living. Health is a positive concept that cannot be separated from social and personal strengths. Hence, health promotion is not only responsible for the health sector, but also for a healthier lifestyle.

Contemporary public health emphasizes a community-based approach to health promotion and disease prevention. Recent trends in the field of health promotion emphasize community-based programs using various interventions as the main strategy for achieving population-level changes in risk behavior and health.

⁶ Ditha Prasanti, "THE COMMUNICATION BARRIERS IN THE HEALTH PROMOTION OF FAMILY

²² ANNING PROGRAM (KB) IUD IN BANDUNG," *JURNAL PENELITIAN KOMUNIKASI DAN OPINI PUBLIK* 22, no. 1 (2018).

¹¹ Makmur Makmur, Treesia Sujana, and Angkit Kinasih, "Strategi Program Kesehatan Puskesmas Di Sekolah Dasar," *Jurnal Ilmu Keperawatan Dan Kebidanan* 8, no. 2 (2017): 107–133.

¹² Indah Pratiwi Wibawati, "Implementasi Kebijakan Promosi Kesehatan (Studi Pada Pusat Kesehatan Masyarakat Dinoyo, Kecamatan Lowokwaru, Kota Malang)" (Brawijaya University, 2014).

¹³ Adila Rahana and Rachmat Hargono, "PERAN PUSKESMAS DALAM IMPLEMENTASI PHBS DI SEKOLAH PADA SLB ALPA KUMARA WARDANA II," *Jurnal Promkes* 6, no. 1 (2018): 59–69.

This focus on community- and population-based approaches has evolved over the last few decades, primarily in terms of an emphasis on individually focused explanations of health behaviors to other behaviors that also include social and environmental influences, as reflected in ecological models of health. The ecological model is based on the premise that individual behavior is shaped by dynamic interactions with the social environment, which includes influences at the interpersonal, organizational, community, and policy levels.

The idea of community empowerment is an integral part of the community-based health promotion model which is considered important for generating community support and capacity to engage in prevention activities. Community-based health promotion is a conceptual framework that emphasizes primary prevention and a population-based perspective.

Integrated and comprehensive community-based prevention programs are not limited to medical care settings, but also systematically involve community leaders, social networks, mass communication campaigns, and direct education of the general population. Community-based programs use a variety of interventions to target change among individuals, groups, and organizations, and often combine them with strategies to make policy and environmental changes.¹⁴

Key elements of a community-based health promotion program include the following: mobilizing communities to actively participate in achieving program goals i.e. implementing interventions in a variety of community settings, including workplaces, places of worship, health care facilities, and schools using a variety of intervention strategies individual level, including contests and competitions, self-help programs, mass media, and screening programs as well as developing environmental interventions (restaurant menu tagging, supermarket shelf labels for heart-healthy foods, and policy initiatives). The concept of community-based health promotion and prevention can be carried out in stages and continuously. The most important and supporting factor in the success of this program is the hope that the community will have a positive perception of a healthy lifestyle. This program is also inseparable from the important role of community leaders and health cadres, because they are the driving forces of the community in every activity.

Besides that, it also needs a basis for government policies, one of which is using law as a tool to engineer the social life of the community.

¹⁴ John P Elder et al., "Community Heart Health Programs: Components, Rationale, and Strategies for Effective

Community empowerment is a health promotion strategy that is carried out by developing and optimizing the potential that exists in the community by involving them from the start of the program. The main goal is to realize the ability of the community to maintain and improve their own health.

Health promotion efforts are a shared responsibility, not only in the health sector alone, but also across sectors, society and the business world. Health promotion needs to be supported by all stakeholders. Common understanding, effectiveness of cooperation and synergy between central, provincial, district/city, village health officials and all parties from all components of the nation are very important in order to achieve the vision, goals and objectives of national health promotion. All of this is in the framework of a Healthy Indonesia, namely an Indonesia whose people live in a healthy manner and culture, in a clean and conducive environment and have access to quality health services, so they can live a prosperous and productive life.

In Indonesia, forms of community-based health promotion and prevention activities are a very important part and can even be said to be the spearhead. Referring to the sources of the Indonesian Ministry of Health in the health promotion literature in health problem areas Guidelines for Health Workers at Puskesmas, community-based empowerment is the process of providing information to individuals, families or groups (clients) continuously and continuously following the client's development, as well as the process of helping clients, so that the client changes from not knowing to knowing or being aware (knowledge aspect), from knowing to being willing (attitude aspect) and from willing to being able to carry out the introduced behavior (practice aspect). In accordance with the client's goals, individual empowerment, family empowerment and group/community empowerment can be distinguished.

In trying to make the client know and aware, the key lies in the success of making the client understand that something (for example diarrhea) is a problem for him and for his community. As long as the client does not know and realize that something is a problem, then the client will not be willing to accept any further information. At the time that the client is aware of the problem he is facing, then he should be given further general information about the problem in question.

In this case the person concerned can be given direct assistance. But what is often practiced is inviting them into the process of empowering

Interventions," *Journal of Public Health Policy* 14, no. 4 (1993): 463-479.

groups/communities through community organization or community development.

A number of individuals and families who are willing, gathered in a group to work together to solve the difficulties encountered. Not infrequently these groups also still need help from outside (for example from the government or from benefactors). Herein lies the importance of synchronizing health promotion with the health programs it supports and other related sector programs. The things that will be given to the community by health programs and other programs as assistance, should be conveyed at the ⁹ phase, not before. The assistance should also be in accordance with what is needed by the community.

Empowerment will be more successful if carried out through partnerships and using appropriate methods and techniques, such as non-governmental organizations (NGOs) engaged in the health sector or concerned with health. These NGOs must cooperate, both among themselves and between them and the government, so that community empowerment efforts can be efficient and effective. After that, according to the characteristics of the target, the situation and conditions, then determined, held and used the appropriate methods and media of communication.

Bina Suasana is an effort to create a social environment that encourages individual members of the community to want to carry out the introduced behavior.¹⁵ A person will be compelled to want to do something if the social environment wherever he is (family at home, student/student organizations, trade unions/employees, people who are role models/idols, social gathering groups, religious assemblies and others, and even the general public) approve or support such behavior. To strengthen the empowerment process, especially in an effort to increase individuals from the knowing phase to the willing phase, it is necessary to carry out *Bina Suasana*. There are three categories of *Bina Suasana* processes, namely:¹⁶

- a. Individual *Bina Suasana* carried out by individual community leaders. In this category community leaders become role models in terms of the behavior being introduced. Namely by practicing the behavior that is being introduced (for example a school principal or religious leader who does not smoke). Furthermore, they are even willing to become cadres and participate in disseminating information in order to create an atmosphere that is conducive to changes in individual behavior.

- b. Group *Bina Suasana* carried out by groups in society, such as Rukun Tetangga (RT) administrators, Rukun Warga (RW) administrators, Islamic study boards, professional organizations, women's organizations, student organizations, youth organizations, trade unions and others. Fostering this atmosphere can be done with leaders/community leaders who are already concerned. In this category the groups become groups that care about the behavior being introduced and approve or support it. This form of support can be in the form of the group then being willing to also practice the behavior that is being introduced, advocating for related parties and or exercising social control over its individual members.
- c. Public *Bina Suasana* carried out by the general public through developing partnerships and utilizing communication media, such as radio, television, newspapers, magazines, internet sites and others, so that public opinion can be created. In this category the mass media care and support the behavior being introduced. So these mass media then become partners in disseminating information about the behavior being introduced and creating public opinion or positive public opinion about the behavior. This positive atmosphere or public opinion will also be felt as a supporter or "suppressor" (social pressure) by individual members of the community, so that in the end they want to carry out the behavior that is being introduced.

Advocacy is a strategic and planned effort or process to gain commitment and support from related stakeholders. These related parties are community leaders (formal and informal) who generally act as resource persons (opinion leaders), or policy makers (norms) or funders. Also in the form of groups in society and the mass media that can play a role in creating a conducive atmosphere, public opinion and encouragement (pressure) for the creation of community PHBS. It should be realized that the commitment and support that is sought through advocacy is rarely obtained in a short time.

In general, advocacy targets take place in stages, namely knowing or being aware of a problem, interested in participating in solving the problem, caring about problem solving by considering various alternative problem solving, agreeing to solve the

¹⁵ Rasyika Nurul Fadriah and Shendy Krishnasari, "Bina Suasana Untuk Kesuksesan Pemberian ASI Eksklusif Pada Masa Pandemi Covid-19 Di Kelurahan Baru Kecamatan Palu Barat Kota Palu," *Jurnal Dedikatif Kesehatan Masyarakat* 2, no. 1 (2021): 29–34.

¹⁶ Juwita Mandasari, Linda Ishariani, and Eko Arik Susmiatin, "Gambaran Pelaksanaan Promosi Kesehatan Tumbuh Kembang Balita Di Puskesmas Se-Kabupaten Kediri," in *Prosiding Seminar Penelitian Kesehatan*, vol. 1, 2019.

problem by choosing one alternative problem solving, deciding on follow-up agreement. Thus, advocacy must be carried out in a planned, careful and precise manner

Advocacy materials must be prepared carefully, namely: 1) in accordance with the interests and concerns of the advocacy target, 2) contains the problem formulation and alternative solutions to the problem, 3) contains the role of the target in solving the problem based on facts or evidence-based, 4) packaged in an attractive and clear manner according to the time allowed available, and 5) Partnerships must be forged both in the context of empowerment as well as fostering an atmosphere and advocacy in order to build cooperation and gain support. Thus, partnerships need to be forged between individuals, families, officials or government agencies related to health affairs (across sectors), community leaders or leaders, mass media and others. Partnerships must be based on three basic principles, namely equality, openness and mutual benefit.

B. Health in the GATS Sector

In 1994, Indonesia has ratified the Agreement of World Trade Organization Establishment (hereinafter WTO Agreement) and officially stated the commitment in Law Number 7 of 1994 concerning Ratification of Agreement Establishing The World Trade Organization.¹⁷ One of the important things that is part of the international commitment is the obligation of WTO members to open market access for their member countries, both for trade in goods and services. Given that Indonesia has ratified the WTO Agreement, then Indonesia must comply with the principles regulated in the WTO including the GATS in it.¹⁸ The GATS principles as set out in the GATS articles in Marrakech, Morocco in 1995, namely:

1. GATS covers all service sectors that are traded internationally;
2. Equal treatment for all members/most favored nation applies to all service sectors except for sectors that are still temporarily excluded;
3. The laws and regulations of all member countries must be transparent, which requires inquiry points in each country. Gats requires member countries to make all relevant laws and regulations open to all parties;

4. Rules must be objective and reasonable;
5. International payments are generally unlimited;
6. Individual countries commitment is made based on negotiations that are binding;
7. Progressive liberalization through further negotiations.

With these principles in place, it means that Indonesia is already bound by an agreement on liberalization in the service trade sector. The liberal economic system based on individualism is in conflict with the economic system adopted by the Indonesian nation, namely the Pancasila economic system which is based on kinship as stipulated in article 33 of the 1945 Constitution of Indonesia. One of the sectors included in trade in services is the health sector, and as part of the WTO, Indonesia must also implement liberalization in the health sector.

Pursuant to Article XIX of the General Agreement on Trade in Services concerning the Negotiation of Specific Commitments, WTO members are bound to take part in further rounds of negotiations in the services sector. All WTO members are signatories to the GATS and must assume the resulting obligations. The objectives of the GATS, as stated in the Preamble of Annex 1B of the General Agreement on Trade in Services, as follows: "Wishing to establish a multilateral framework of principles and rules for trade in services with a view to the expansion of such trade under conditions of transparency and progressive liberalization and as a means of promoting the economic growth of all trading partners and the development of developing countries."

Further, Julia Nelson more clearly stated the purpose of the GATS as follows:

- a. To progressively liberalize trade services through continuous rounds of negotiations aimed at promoting the interests of all WTO members and achieving an overall balance of rights and obligations;
- b. To encourage economic growth and development through the liberalization of trade in services, as was carried out by the GATT (General Agreement on Tariffs and Trade) in the liberalization of trade in goods;
- c. To increase the participation of developing countries in services trade and expand services

¹⁷ Intan Pelangi, "Analisis Konsekuensi Hukum Keanggotaan Indonesia Dalam Perjanjian World Trade Organization," *KEADILAN PROGRESIF* 8, no. 1 (2017).

¹⁸ Ni Luh Gede Hadriani, I Putu Gelgel, and I Putu Sastra Wibawa, "Environmental Conservation and Socio-Cultural Preservation Manifestations in Tourism Policy

Development in Bali," *Journal of Environmental Management & Tourism* 12, no. 8 (2021): 2263–2271.

¹⁹ Julia Nielson and Daria Taglioni, "A Quick Guide to the GATS and Mode 4," *a background paper prepared for session I, November 12* (2003).

11 exports by developing export capacities and export safeguard opportunities in the sectors of their export interest.

Comprehensive and sustainable development of the service sector is urgently needed to support one of the visions and missions of the 2020-2024 RPJMN, namely to create 41 competitive nation. The increase in trade in services cannot be separated from the role of trade agreements between countries. Free trade agreements remove various barriers to trade in services. The explanation regarding the modes of supply of the service sub-sectors traded is as follows:

- 12 Mode 1 or Cross Border Supply, refers to the provision of services from one country's territory to another (cross-border);
- 12 Mode 2 or Consumption Abroad, refers to the physical movement of service consumers to locations where services are provided and consumed;
- Mode 3 or Commercial Presence, refers to the establishment of affiliate companies or subsidiaries of foreign service companies. This mode is analogous to foreign direct investment (FDI) in the field of transportation services;
- 1 Mode 4 or Movement of Natural Persons, refers to the temporary transfer of service providers to provide services to clients in foreign markets.

The committed health service sectors are divided 32 ed on the sectors that have been agreed upon in the General Agreement on Trade in Services (GATS). The health services sector is committed by Indonesia and partner countries, in international services trade forums both bilaterally (IKCEPA, IECEPA, IACEPA, IJEPA, etc.), and regionally (AFAS, ATISA, AANZFTA, AKFTA, AJCEP, etc.). However, in the GATS itself, Indonesia has not yet committed to the health services sector/

Indonesia's commitment to health services in various negotiations has great potential to be exploited. The health sector included 11 in the service trade (W/120) includes professional services (medical and dental services, veterinary services, services provided by midwives, nurses, 29 physiotherapists, and para-medical personnel) and health related and social services (hospital services, other human health services, social services, and 7 others).

51 In the health services sector, the health services sub-sector which is included in the category is hospital services. Health professions such as doctors, nurses and pharmacists fall into the category of business services sector. Nevertheless, these two things cannot be separated and the development of one of them will

have an impact on other sectors. Furthermore, regarding 45 the liberalization of the health services sector, it is stated that the commitment to market access in the health services subsector (professional services) with the largest FDI is in the ASEAN agreement (70%), followed by IACEPA (67%) and IKCEPA and RCEP (51%), while the Hospital services (CPC 9311) are committed to in all bilateral and regional agreement.

15 The healthcare sector is one of the fastest growing service sectors in countries around the world. The health services sector is growing faster in the pandemic era with various research findings and technological support. In Chanda's writings (2002) published by the United Nations World Health Organization (UN), namely the World Health Organization (WHO), it is stated that the globalization of the health service sector is shown through cross-border health services, either through the movement of health service providers or consumers. This movement is not limited to the movement of people, but also through various modes, one of which is through electronics. The implementation of trade in the health services sector has so far been carried out through collaborations with hospitals or health service providers, exchanges of experts or specialists, and medical tourism.

The rapid development of the health service sector is also marked by the increasing mobility of professional health workers from one country to another, either permanently or temporarily. Investment in health services in hospitals, health insurance services continues to be in demand. There is also a growing trend in world countries to establish international standard medical tourism. Classification of health sector service products is listed in MTN.GNS/W/120 dated 10 July 1991 concerning List of Service Sector Classifications. This classification is also known as the W120 service sector classification. 44 is classification is the basis for classifying international trade commitments in the service sector which is widely used by WTO member countries as a reference. The service sector 4 is classified into 12 (twelve) main sectors, which includes health and social services.

International trade in health services includes human health services, other human health services and social services. The definition of health services are services that are classified by the WTO as health services. Health services based on the WTO classification 49 n are divided into 4 (four) sub-sectors, namely: Hospital Services (Human Health Services), 1 Medical and Dental Services (Human Health Services), Other Human Health Services, Social

Services (with accommodation and without accommodation).

As the application of international trade in health services in 4 (four) modes, the following examples can be observed. International trade in health services is conducted through 4 modes of supply, namely:²⁰

1. **Mode 1: Cross Border Supply** : In health services, activities in this mode include the provision of health services, such as clinical diagnosis consultations by sending laboratory specimens, using the media of mail. In fact, several countries have used a variety of telehealth services, including telepathology, teleradiology and telepsychiatry. They also have many initiatives such as telemedicine. For example, teleradiology, monitoring and consulting services are provided by hospitals in the United States to hospitals in the Middle East and the Mediterranean, and physicians in India who provide telepathology services to hospitals in Bangladesh and Nepal. Remote healthcare services are also provided to hospitals in China's remote coastal provinces, for example for patients in Macao, the Chinese Special Administrative Region, and several countries in Southeast Asia.
2. **Mode 2: Consumption Abroad** : In this mode, patients in developing countries seek specialized high-quality hospital care in developed countries or in neighboring countries that have superior standards of health care. Conditions that can also occur are patients from developed countries seeking affordable and high-quality alternative treatments or treatments in developing countries. Several developing countries export health services through this mode 2. For example, Cuba made efforts to attract foreign patients from Latin America, the Caribbean, Europe and Russia to specialized hospitals that provide high-quality care at competitive prices. Cuba is also packaging its services by focusing on treating certain skin diseases—which are incurable in other countries—and on developing new procedures and drugs, such as those for pigmented retinopathy or vitiligo. In 1995-1996, more than 25,000 foreign patients went to Cuba for treatment, generating an estimated 25 million USD in sales of healthcare services to foreigners.
3. **Mode 3: Commercial Presence** : As an example of applying this mode, an Australian hospital could be established in Indonesia. While an Australian-owned hospital supplies services to patients in

Indonesia, it exports services to Indonesia. Australia exports health services to Indonesia and Indonesia imports services from Australia. Most services are traded this way. Commercial presence involves the establishment of hospitals, clinics, diagnostic and treatment centers, and nursing homes. Countries such as India, Indonesia, Nepal, Sri Lanka and Thailand have become increasingly open to foreign direct investment. For example, India has opened up its market access to foreign equity participation (FEP) by 90%, so a German company could own a 90% stake to build a 200-bed hospital in Delhi. Several specialist hospital companies are being built in collaboration between Indian and foreign companies, including a USD 40 million heart center, which was set up by a consortium of Australians, Canadians and Indians. Hospital companies in developing countries are also establishing commercial presence overseas. For example, the Apollo hospital group in India has set up hospitals overseas and plans to invest around 4 billion USD to build 15 new hospitals in Malaysia, Nepal and Sri Lanka.

4. **Mode 4: Movement of Natural persons**: In the health services sector, this can be illustrated by the movement of health workers from one country to another, including doctors, specialists, nurses, paramedics, midwives, technicians, consultants, trainers, medical personnel management, and other professionals. Transfers of health care professionals, whether temporary or permanent, each have different legal, social and economic implications for source and host countries. The flow of movement of natural persons is primarily encouraged to earn foreign exchange and encourage cooperation between governments. For example, China and Cuba send short-term contract health workers to countries in Africa, under the supervision of the government or Indonesian nurses can be contracted temporarily to provide nursing services in Japan. The Indonesian nurses export professional health services to Japan and Japan imports professional health services from Indonesia.

C. The Idea of the Omnibus Law on Health as a National Legal Policy in Efforts to Improve Public Health Degrees in Indonesia

Along with the changing times, the health service sector is not only handled by the government but for the sake of improving quality and increasing competitiveness in this service sector, it has begun to be carried out by the private sector. This can be seen

²⁰ Kementerian Perdagangan, "Buku Informasi Perundingan Perdagangan Jasa Sektor Jasa Distribusi" (n.d.).

from the many private hospitals that provide good facilities, equipment and medical personnel and are not inferior to what is provided by the government. Even with a higher economic value, the private sector has been able to provide more adequate facilities and infrastructure. Related to improving the quality of health services and the economic potential that can contribute to economic growth in Indonesia, is by conducting international trade in health services.

International trade in health services is one sector of trade in services that is experiencing growth in many countries. This growth is marked by the large number of health professionals migrating to other countries, usually for reasons of wanting higher incomes and better working conditions. This growth was also marked by a significant increase in investment by foreign hospital service providers and health insurance companies to seek new market access. In addition, it is also seen that more and more countries want to attract consumers in the health sector from other countries through the combination of tourism and health services (medical tourism). International trade in health services includes semi, medium and high value added services which include not only modern health services but also traditional medicine.

The idea of an omnibus law on health as a national legal policy in an effort to improve public health status in Indonesia has recently been hotly discussed among the government and the health profession. Rejection regarding efforts to implement the Health Omnibus Law in Indonesia came from various health professionals. When referring to Indonesia which is a member of the WTO and GATS, Indonesia must prepare itself from an early age both in regulation based on the commitments agreed in the agreement and readiness to compete fairly against fellow member countries, especially in the health sector.

It is important to revise health regulations in Indonesia in the form of an omnibus law to simplify policies and regulations in the health sector. This is a challenge and at the same time an opportunity in the future for health investment in Indonesia. Such as the concept of medical tourism which will soon operate in Bali, namely an international scale hospital in collaboration with the Mayo clinic from America. Hence, the urgency to improve health regulations in Indonesia is very urgent to be done immediately.

Several regulations have the potential to cause disharmony and hinder the implementation of health service sector commitments as regulated by the GATS, for example: There are different arrangements in the formulation of the definitions of doctors and dentists between Article 1 point 2 of the Medical Practice Law

and Article 1 point 17 and point 10 of the Law on Medical Education. Article 1 point 2 of the Medical Practice Law only states that doctors and dentists are doctors, specialists, dentists and dental specialists who have graduated from medical or dental education both at home and abroad who are recognized by the Government. Meanwhile, the provisions in Article 1 point 9 and point 10 of the Medical Education Law state that Primary Service Doctors (DLP) and specialist doctors with subspecialty medical education graduates, both at home and abroad, are recognized by the Government, while dentists are dentists, specialists who have graduated from medical education, both at home and abroad, who are recognized by the Government. Furthermore, the formulation of Article 1 point 12 of the Medical Practice Law which mentions the name of a professional organization has created differences in understanding of its implementation, this can be seen in the inconsistency in the use of the phrases medical professional organization and dentistry professional organization in Article 14 paragraph (1) and 28 paragraph (2). Medical Practice Act. Inclusion of the name of a professional organization in the definition of a professional organization regulated in Article 1 paragraph 12 of the Medical Practice Law is also different from that regulated in Article 1 paragraph 20 of the Medical Education Law which does not include the name of a professional organization in the provisions of Article. These problems lead to legal uncertainty and differences in understanding in terms of implementation for stakeholders. There is an inconsistency in the use of the phrases of guidance and supervision and differences in arrangements regarding the authorities in conducting guidance and supervision in the formulation of Article 7 paragraph (1) letter c jo. Article 54 paragraph (1) and paragraph (2) jo. Article 71 of the Medical Practice Law. Article 7 paragraph (1) letter c of the Medical Practice Law only uses the phrase coaching for the assignment of KKI authority and Article 54 paragraph (1) and paragraph (2) of the Medical Practice Law uses the phrase coaching and only involves KKI and Professional Organizations while Article 71 uses the phrase coaching and supervision and involve the Central Government, Local Government, KKI and OP. This has led to different understandings and ineffective implementation of guidance and supervision of medical practice. Then the Medical Practice Law was submitted for review repeatedly by the public and the Constitutional Court granted 3 (three) cases of the proposed review, namely through Decision Number 4/PUU-V/2007, Decision Number 40/PUU-X/2012, and Decision Number 10/PUU-XV/2017. The provisions of the Articles and/or paragraphs in the Medical Practice Law that have been amended based

on the three Constitutional Court Decisions⁴⁸ are Article 14 paragraph (1) letter a, Article 14 paragraph (2), Article 73 paragraph (2), Article 75 paragraph (1), Article 76, Article 78, and Article 79 letter c of the Medical Practice Law. The implications that arise from the duties of the Constitutional Court decision are: eliminating imprisonment, eliminating imprisonment, eliminating sanctions for the obligation to increase knowledge and keep abreast of scientific developments, exclusion of dental artisan profession Prohibition of IDI management from sitting on KKI membership. So far the legislators have not followed up by amending the articles/paragraphs of the Medical Practice Law after the Constitutional Court's decision. Therefore, to ensure legal certainty in Indonesia and to respect the national judiciary, in this case the Constitutional Court, legislators must immediately amend the article or paragraph that has changed based on the Constitutional Court Decision.

Likewise with regard to technological developments in all aspects of life, especially when the spread of the Covid-19 pandemic, resulted in a transformation in the implementation of health services, especially in medical services which led to the emergence of health services and health technology which so far did not exist. Some examples of medical technology currently being developed are: Virtual Reality and Augmented Reality Robot Artificial Intelligence Health Monitoring Tech Artificial organs or body parts. Besides that, the implementation of medical practice is not only intended for doctors and dentists with domestic graduates, but also³⁷ for foreign graduates through evaluation. Article 30 paragraph (2) of the Medical Practice Law regulates the evaluation of doctors and dentists graduated from abroad who wish to practice in Indonesia. Implementation has not gone well, this is because coordination between stakeholders has not run as it should. Coordination between stakeholders is very important so that doctors and dentists graduated from abroad can be done as soon as possible considering this is related to the human rights of doctors and dentists to get jobs and income.

Based on abovementioned, it can be observed that there are so many policies and regulations that are not harmonious in the health sector in Indonesia. So it is necessary if the concept of regulations and policies that guarantee relations between nations by prioritizing national interests and the importance of policies and laws and regulations that uphold universal human rights while still remembering national wisdom and maintaining equal, just and civilized relations between nations.

CONCLUSION

The idea of an omnibus law on health as a national legal policy in an effort to improve public health status in Indonesia is a challenge as well as an opportunity. Considering that the health service sector has an important contribution to the sustainable development goals presented by the United Nations, that is, one of the goals of sustainable development is for a healthy and prosperous life. Therefore, it is necessary to revise and harmonize regulations both nationally and internationally which are based on Pancasila values to ensure that the mission is realized to improve public health in a comprehensive manner that is equitable, fair and affordable and has legal certainty.

BIBLIOGRAPHY

- Aditya, Zaka Firma, and Abdul Basid Fuadi. "Konseptualisasi Omnibus Law Dalam Pemindahan Ibukota Negara." *Jurnal Ilmiah Kebijakan Hukum* 15, no. 1 (2021): 149–164.
- Affandi, Hernadi. "Implementasi Hak Atas Kesehatan Menurut Undang-Undang Dasar 1945: Antara Pengaturan Dan Realisasi Tanggung Jawab Negara." *Jurnal Hukum Positum* 4, no. 01 (2019): 36–56.
- Anggraeni, Ricca, and Cipta Indra Lestari Rachman. "Omnibus Law in Indonesia: Is That the Right Strategy?" In *International Conference on Law, Economics and Health (ICLEH 2020)*, 180–182. Atlantis Press, 2020.
- Elder, John P, Thomas L Schmid, Phyllis Dower, and Sonja Hedlund. "Community Heart Health Programs: Components, Rationale, and Strategies for Effective Interventions." *Journal of Public Health Policy* 14, no. 4 (1993): 463–479.
- Fadjriah, Rasyika Nurul, and Shendy Krishnasari. "Bina Suasana Untuk Kesuksesan Pemberian ASI Eksklusif Pada Masa Pandemi Covid-19 Di Kelurahan Baru Kecamatan Palu Barat Kota Palu." *Jurnal Dedikatif Kesehatan Masyarakat* 2, no. 1 (2021): 29–34.
- Fitryantica, Agnes. "Harmonisasi Peraturan Perundang-Undangan Indonesia Melalui Konsep Omnibus Law." *Gema Keadilan* 6, no. 3 (2019): 300–316.
- Hadriani, Ni Luh Gede, I Putu Gelgel, and I Putu Sastra Wibawa. "Environmental Conservation and Socio-Cultural Preservation Manifestations in Tourism Policy Development in Bali." *Journal of*

- Environmental Management & Tourism* 12, no. 8 (2021): 2263–2271.
- Makmur, Makmur, Treesia Sujana, and Angkit Kinasih. “Strategi Program Kesehatan Puskesmas Di Sekolah Dasar.” *Jurnal Ilmu Keperawatan Dan Kebidanan* 8, no. 2 (2017): 107–133.
- Mandasari, Juwita, Linda Ishariani, and Eko Arik Susmiatin. “Gambaran Pelaksanaan Promosi Kesehatan Tumbuh Kembang Balita Di Puskesmas Se-Kabupaten Kediri.” In *Prosiding Seminar Penelitian Kesehatan*. Vol. 1, 2019.
- 16 Nielson, Julia, and Daria Taglioni. “A Quick Guide to the GATS and Mode 4.” *a background paper prepared for session I, November 12* (2003).
- Pelangi, Intan. “Analisis Konsekuensi Hukum Keanggotaan Indonesia Dalam Perjanjian World Trade Organization.” *KEADILAN PROGRESIF* 8, no. 1 (2017).
- Perdagangan, Kementerian. “Buku Informasi Perundingan Perdagangan Jasa Sektor Jasa Distribusi” (n.d.).
- 10 Prabowo, Adhi Setyo, Andhika Nugraha Triputra, Yoyok Junaidi, and Didik Endro Purwoleksono. “Politik Hukum Omnibus Law Di Indonesia.” *Jurnal Pamator: Jurnal Ilmiah Universitas Trunojoyo* 13, no. 1 (2020): 1–6.
- Prasanti, Ditha. “THE COMMUNICATION BARRIERS IN THE HEALTH PROMOTION OF FAMILY PLANNING PROGRAM (KB) IUD IN BANDUNG.” *JURNAL PENELITIAN KOMUNIKASI DAN OPINI PUBLIK* 22, no. 1 (2018).
- Purwadi, Kana, Hendra Sukarman, and Dhaneswara Awindra Wijaya. “Legal Certainty: Fulfillment of Human Rights Regarding Health Within Omnibus Law Through Hospital Accreditation.” *Jurnal Dinamika Hukum* 21, no. 2 (2022): 311–330.
- 14 Putra, Antoni. “Penerapan Omnibus Law Dalam Upaya Reformasi Regulasi.” *Jurnal Legislasi Indonesia* 17, no. 1 (2020): 1–10.
- Rahana, Adila, and Rachmat Hargono. “PERAN PUSKESMAS DALAM IMPLEMENTASI PHBS DI SEKOLAH PADA SLB ALPA KUMARA WARDANA II.” *Jurnal Promkes* 6, no. 1 (2018): 59–69.
- Sihombing, Eka Nam, and Muhammad Yusrizal Adi Syaputra. “Implementasi Penggunaan Kecerdasan Buatan Dalam Pembentukan Peraturan Daerah.” *Jurnal Ilmiah Kebijakan Hukum* (2020): 421.
- 6 Wibawati, Indah Pratiwi. “Implementasi Kebijakan Promosi Kesehatan (Studi Pada Pusat Kesehatan Masyarakat Dinoyo, Kecamatan Lowokwaru, Kota Malang).” Brawijaya University, 2014.

THE IDEA OF THE HEALTH OMNIBUS LAW AS A NATIONAL LEGAL POLICY IN AN EFFORT TO INCREASING PUBLIC HEALTH DEGREES IN INDONESIA

ORIGINALITY REPORT

17%

SIMILARITY INDEX

%

INTERNET SOURCES

17%

PUBLICATIONS

%

STUDENT PAPERS

PRIMARY SOURCES

1

The World Trade Organization Legal Economic and Political Analysis, 2005.

Publication

2%

2

Supriyadi Supriyadi, Andi Intan Purnamasari. "Gagasan Penggunaan Metode Omnibus Law dalam Pembentukan Peraturan Daerah", Jurnal Ilmiah Kebijakan Hukum, 2021

Publication

2%

3

Stephens, Christine. "Health Promotion: A Psychosocial Approach", Health Promotion: A Psychosocial Approach, 2008

Publication

1%

4

Sameen Siddiqi. "Assessing trade in health services in countries of the Eastern Mediterranean from a public health perspective", The International Journal of Health Planning and Management, 2009

Publication

1%

5

Samuel Hamonangan Simanjuntak, Lita Tyesta A.L.W.. "Procedural Justice or Substantive Justice: Review of Constitutional Court Decision Number: 91/Puu/Xviii/2020", Jurnal Ilmiah Kebijakan Hukum, 2022

Publication

6

Ditha Prasanti. "THE COMMUNICATION BARRIERS IN THE HEALTH PROMOTION OF FAMILY PLANNING PROGRAM (KB) IUD IN BANDUNG", JURNAL PENELITIAN KOMUNIKASI DAN OPINI PUBLIK, 2018

Publication

7

Adnan Hamid, Hasbullah . "Legal Hermeneutics of the Omnibus Law on Jobs Creation: A Case Study in Indonesia", Beijing Law Review, 2022

Publication

8

Mikho Ardinata. "Tanggung Jawab Negara terhadap Jaminan Kesehatan dalam Perspektif Hak Asasi Manusia (HAM)", Jurnal HAM, 2020

Publication

9

Rachmat Trijono. "RELATIONSHIP OF PROFESSIONALISM CARE WITH RISK OF MALPRACTICES", Indonesian Journal of Social Research (IJSR), 2019

Publication

1 %

1 %

1 %

1 %

1 %

10	Sunarto Sunarto, Maya Shafira, Mashuril Anwar. "Implications of the Omnibus Law on Job Creation towards the Indonesian Forestry Sector", Fiat Justisia: Jurnal Ilmu Hukum, 2021 Publication	1 %
11	Ansari Salamah, R. Rajesh Babu. "The H-1B Visa and US GATS Market Access Commitments: Options and Strategies for India", IIM Kozhikode Society & Management Review, 2022 Publication	<1 %
12	Arpita Mukherjee, Tanu M. Goyal. "The political economy of retail liberalization: The case of India", Journal of International Commerce, Economics and Policy, 2014 Publication	<1 %
13	I. Kickbusch. "New Horizons in Health", Promotion & Education, 06/01/1998 Publication	<1 %
14	Sandy Victor Hukunala. "Penyuluhan Hukum Undang-Undang Nomor 11 Tahun 2020 Tentang Cipta Kerja Kepada Milenial dan Pelaku Usaha Mikro Kecil Menengah", AIWADTHU: Jurnal Pengabdian Hukum, 2022 Publication	<1 %
15	LexisNexis Publication	<1 %

16

"A Companion to European Union Law and International Law", Wiley, 2016

Publication

<1 %

17

Hafrida Hafrida, Helmi Helmi, Retno Kusniati. "Health Workers' Legal Protection Policy to the Coronavirus Disease 19 (Covid-19) Containment Measures", Fiat Justisia: Jurnal Ilmu Hukum, 2021

Publication

<1 %

18

"WTO - Trade in Services", Brill, 2008

Publication

<1 %

19

M. Dzulkarnain Al-Madani, Darmawangsa Darmawangsa, Sri Pandu Utami. "Differences in the effect of health promotion media using booklets and audio visuals on the level of caries knowledge 6th grade student dental 09 Aie Pacah Elementary School", Jurnal PADE: Pengabdian & Edukasi, 2022

Publication

<1 %

20

Cheryl L. Albright, John W. Farquhar, Richard Havel, Philip Frost et al. "A Program to Reduce Cardiovascular and Cerebrovascular Disease in the Czech Republic: Design and Methods of the Healthy Dubec Project", International Quarterly of Community Health Education, 1997

Publication

<1 %

- | | | |
|----|---|------|
| 21 | Ermanto Fahamsyah, Ruetaip Chansrakaeo. "The Legal Politics Harmonization of Sustainable Agricultural Policy", Fiat Justisia: Jurnal Ilmu Hukum, 2022
Publication | <1 % |
| 22 | Aat Ruchiat Nugraha, Susie Perbawasari, Feliza Zubair. "Utilization of News on Television Media in the Promotion of Potential Tourism Objects in the Era of Media Convergence", JURNAL PENELITIAN KOMUNIKASI DAN OPINI PUBLIK, 2020
Publication | <1 % |
| 23 | Andrew Shandy Utama. "Law Enforcement to Copyright Infringement of Songs on the Internet Media", FIAT JUSTISIA, 2018
Publication | <1 % |
| 24 | P Nilsen. "The theory of community based health and safety programs: a critical examination", Injury Prevention, 6/1/2006
Publication | <1 % |
| 25 | Regina Eka Riantini, Viany Utami Tjhin, Dwi Listriana Kusumastuti. "Mobile Based Learning Development for Improving Quality of Nursing Education in Indonesia", 2019 IEEE Conference on Sustainable Utilization and Development in Engineering and Technologies (CSUDET), 2019
Publication | <1 % |

26

Mimin Mintarsih, Lukman Mahdami. "The Legal Status of Mut'ah Marriage in Indonesia", Jurnal Penelitian Hukum De Jure, 2021

Publication

<1 %

27

Shyami Puvimanasinghe. "Foreign Investment, Human Rights and the Environment", Brill, 2007

Publication

<1 %

28

Sihnomo Abu Hilmy. "Legal Consequences Dispute Settlement Body Decision 477-478 Concerning Protection and Empowerment of The Farmers", Substantive Justice International Journal of Law, 2020

Publication

<1 %

29

Klaus Armingeon, Karolina Milewicz. "Compensatory Constitutionalisation: A Comparative Perspective", Global Society, 2008

Publication

<1 %

30

Mary E. Footer, Carol George. "Chapter 19 The General Agreement on Trade in Services", Springer Science and Business Media LLC, 2005

Publication

<1 %

31

Endah Pujiastuti, Ani Purwanti. "Labor supervision policy in Indonesian legal system based on Pancasila", IOP Conference Series: Earth and Environmental Science, 2018

<1 %

32

Opening Markets for Foreign Skills How Can the WTO Help?, 2014.

Publication

<1 %

33

Friska Kristianita. "Legal Authority of Indonesian National Police in Handling Rally or Demonstrations", UMPurwokerto Law Review, 2022

Publication

<1 %

34

"The Palgrave Handbook of International Labour Migration", Springer Science and Business Media LLC, 2015

Publication

<1 %

35

Olav Jull Sørensen. "Chapter 11 Autonomy Mediated through University-Business Collaboration", Springer Science and Business Media LLC, 2016

Publication

<1 %

36

A. A. Atienza. "Community-based Health Intervention Trials: An Overview of Methodological Issues", Epidemiologic Reviews, 07/01/2002

Publication

<1 %

37

Ahmad M. Ramli, Tasya Safiranita Ramli, Ega Ramadayanti, Maudy Andreana Lestari, Rizki Fauzi. "Collaboration Principles between Telecommunication Operators and Over-The-Top (OTT) Platform Providers in the Context of

<1 %

the Indonesian Job Creation Regulation",
Journal of Telecommunications and the Digital
Economy, 2022

Publication

38

Aries Harianto. "Regulating Foreign Labor in Emerging Economies: Between National Objectives and International Commitments", Academic Journal of Interdisciplinary Studies, 2021

Publication

39

Bendjamin Benny Louhenapessy, Ari Wibowo, Bayu Krishna Murti. "The Main Parameter Analysis in Developing Low Pressure Biogas Standards", IOP Conference Series: Earth and Environmental Science, 2020

Publication

40

Birkah Latif, S.M. Noor, Juajir Sumardi, Irwansyah. "Urgency of law health protection for patients and providers of medical services", Enfermería Clínica, 2020

Publication

41

Muhammad Itqonul Humam, Akhmad Firdiansyah. "ANALYSIS ON IMPOSITION OF SAFEGUARD MEASURE AND ADMINISTRATIVE SANCTION AGAINST TAX EVASION OF TEXTILES TAX AND TEXTILES PRODUCT IN INDONESIA", JURNAL PERSPEKTIF BEA DAN CUKAI, 2021

Publication

<1 %

<1 %

<1 %

<1 %

42	Rika Destiny Sinaga, Joni Emirzon, Muhammad Syaifuddin. "Mediation Regulation Re-Arrangement's Efforts At The State Court Based On Confidential Principles As The Parties' Protection", <i>Fiat Justisia: Jurnal Ilmu Hukum</i> , 2022	<1 %
----	--	------

Publication

43	Rizki Bagus Prasetyo, Febri Sianipar. "The Relevance of the Application of the Presidential Threshold and the Implementation of Simultaneous Elections in Indonesia", <i>Jurnal Penelitian Hukum De Jure</i> , 2021	<1 %
----	---	------

Publication

44	Román Umaña-Peña, Álvaro Franco-Giraldo, Carlos Álvarez-Dardet Díaz, María Teresa Ruíz-Cantero et al. "Assessment of the Association of Health with the Liberalisation of Trade in Services under the World Trade Organisation", <i>PLoS ONE</i> , 2014	<1 %
----	---	------

Publication

45	Stefan Zleptnig. " ", <i>Cambridge Review of International Affairs</i> , 2007	<1 %
----	---	------

Publication

46	Andrea Whittaker, Lenore Manderson, Elizabeth Cartwright. "Patients without Borders: Understanding Medical Travel", <i>Medical Anthropology</i> , 2010	<1 %
----	--	------

47

Asnita Tresia Sitompul. "Job Creation Law's Risks Towards Investment Efficiency and Business Convenience Regarding The Environment", Administrative and Environmental Law Review, 2022

Publication

<1 %

48

Henry Lbn Toruan Donald. "Problems of Harmonization on The Post-Establishment of Omnibus Law on Job Creation", Jurnal Penelitian Hukum De Jure, 2021

Publication

<1 %

49

Rudolf Adlung. "The GATS negotiations: Implications for health and social services", Intereconomics, 2003

Publication

<1 %

50

Tania Voon. " WTO Appellate Body Report: ", International Legal Materials, 2017

Publication

<1 %

51

"Trade in Health Services in South Asia", Springer Science and Business Media LLC, 2020

Publication

<1 %