

The Integration Traditional Medicine Practice at National Health Insurance in Indonesia

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Abstract: Health service has become the most demanded service when it provided simultaneously by the state. Based on National Social Guarantee Regulation, issued in 2008, force Government to provide and establish health insurance for Indonesian. National health insurance system was established since then and require more medical practitioners to participate not only medical doctors, nurse, but also traditional medical practitioners. One of the obstacles is certification for competency of traditional medical practitioners. The certification is a recognition by the society to show a trust for traditional medical practitioner for its competency. Furthermore, traditional medicine has been regulated in Health Act, Law No 35 Year 2009. The Act also followed by the Government Regulation which specifically regulated Traditional Medicine. Based on Health Act and Traditional Medicine Regulation, traditional medicine is recognised and has equal rights to develop the practice and the knowledge for providing its service to the society. This paper objective is to find out the problems and obstacles for traditional medical practitioners serving its knowledge to the society. Thus, every obstacles and issues which have been found, will be followed by proposing program or policy to remove the obstacle and improve traditional medicine practitioners to be accepted to practice or giving service at social health insurance.

1 INTRODUCTION

Health is a very important thing needed by every human being and is one of the basic needs other than clothing, food and shelter. What we could be ascertained that no one wants to experience pain in the period of his life. Every effort will be made to heal and improve his health condition. Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian people as intended in the Pancasila and the 1945 Constitution of the Republic of Indonesia (UUD NRI 1945). As a basic right for everyone, health care is a right that every citizen deserves. In the 1945 Constitution of the Republic of Indonesia it is mandated that health insurance for the peoples, especially the poor and incapable is the responsibility of the central and regional governments. Article 28 H (1) of the 1945 Constitution of the Republic of Indonesia states that "Everyone has the right to live physically and mentally prosperously, to reside, and to have a good and healthy environment and the right to obtain health services." This provision is then implemented by Law Number 36 Year 2009

concerning Health (hereinafter referred to as the Health Act).

Every activity and effort to improve the level of public health is the highest responsibility of the government and the community, thus, development efforts in the region, especially in the city of Surabaya, must be based on health insights and carried out based on non-discriminatory, participatory, protection and sustainable principles that very important for the creation of human resources of Indonesia, increasing the resilience and competitiveness of the nation, and national development. Related to health improvement efforts Bahder Johan Nasution states that (Koeswadi, 1995): *Efforts to improve the quality of human life in the field of health, is a vast and comprehensive effort, the business includes the improvement of physical and non-physical health. Within the national health system it is mentioned that health concerns all aspects of life whose scope and scope is very broad and complex. From the above understanding, it can be understood that basically health issues concerning all aspects of human life, both past life, present, and the future. Judging from the history of its development,*

there has been a change of orientation of values and thoughts about efforts to solve health problems. The process of change of orientation and thought is always evolving in line with technological and socio-cultural developments.

Health problems are a crucial issue, but not all communities have their right to health care. Although there has been a program of Public Health Insurance, Regional Health Insurance, and so on, but not yet able to serve all levels of society of Surabaya.

Therefore, the main goal of health efforts is to improve the distribution and quality of health efforts that are effective and efficient and affordable by all people. For the implementation of health efforts, effective and efficient policies and management are needed so that equitable and quality health services can be achieved. As regulated in Law Number 36 Year 2009 on Health (hereinafter referred to as the Health Act) that every person has the right to health and have equal rights in obtaining safe, quality and affordable health services.

Indonesian Traditional Health Urgency.

Indonesian traditional health practices have been known for a long time. The demand for traditional health services begins with the consumption of herbal medicine in Indonesia. Based on the data from the Ministry of Health of the Republic of Indonesia, the consumption of herbal medicine managed to reach 59.12% of the total population of Indonesia in 2010. (WHO, 2014) Biodiversity also provides wealth for Indonesia because it managed to become a source of traditional health ingredients that have the potential to cure diseases. Traditional health already has a special place in the lives of Indonesian people.

Traditional medicine in many countries is rooted in the culture and history of each region. Some of the most widely known is traditional medical techniques and practices of Ayurveda, traditional Chinese medicine. In addition, the development of alternative medicine (complementary medicine) is growing rapidly such as anthroposophical medicine, chiropractic, homeopathy, naturopathy, and osteopathy. Alternative medicine is currently in the popular and used by the community.

Healthcare systems around the world have experience in dealing with chronic disease endemics and swelling of health insurance bills all over the country. The community (patient) and health-care providers have demanded a change or revitalization in the provision of health services, on the provision of individual-centered care guarantees. The concept of providing health services based on individual needs (person-centered care) is expected to provide equal

access and opportunity for actors or providers of traditional health services or traditional health workers to provide services and competencies in improving national health quality. The variety of types and forms of regulations and policies which regulates traditional health personnel and all forms of services complicate the development of healthcare services and products internationally. Based on data released by WHO (World Health Organization) shows an increase in demand for traditional health products and services in several countries, for example, in China in 2012 demand reached US \$ 83.1 billion, there was an increase of more than 20% over the previous year. The increase in demand for traditional health services also occurred in South Korea in 2004 of US \$ 4.4 billion to US \$ 7.4 billion in 2009.

1.1 Reason for using Traditional Medicine

There are many reasons for people to demand traditional medicine services. The factors that influence are culture, historical significance and regulations. On the other hand, there is no uniform standard to examine patterns of use traditional medicine. There are there general patterns for people using traditional medicine (WHO,2014):

1. Traditional medicine becomes primary source of health care. This pattern becomes a primary option because the availability and/or accessibility of conventional medicine-based health services is, on the whole, limited. The example, traditional medicine in Africa and some developing countries.
2. Traditional medicine applied due to cultural and historical influences. Some countries such as Singapore and The Republic of Korea where the conventional health-care system is quite well established. There is approximately 76%-86% of population at both countries using traditional medicine.
3. Traditional medicine as complementary therapy. This pattern is common at developed countries. The health system structure is well built and developed, traditional medicine becomes secondary option to increase the health level for people in developed countries.

The other motivation for people to use traditional medicine is the unsatisfactory of existing health-care services. The increasing demand of traditional medicine services because of the awareness of people about disease treatment. Some people see other treatments are failed to cure a disease and initiate for

the desire of a healthy lifestyle were the main motives for using traditional medicine.

1.2 Advantages for using Traditional Medicine

Reason for patients for using traditional medicine is various based on many perspectives. Some patient applies traditional medicine because to save more money than using general health service. For example, the cost for using physiotherapy, manual therapy, and general practitioner care for neck pain. The budget for applying of all services, manual therapy is less spending. It needs one third of the costs of the highest service (practitioner care).

Traditional medicines also give patients trust. The relationship between patients and traditional medicine practitioners create social bond. Patients entrust their health care to the traditional medicine practitioners, because they believe, that the therapies are trustworthy and will not committed neglect action which can endangered patient's health.

1.3 Type and Qualification for Traditional Medicine Practitioners

Before traditional medicine practitioners give medical aid or services. Well-trained practitioners are become significant factor for high quality health services. Many developing countries see this factor to be enhanced. Most traditional medicine practitioners who give services are argued or questioned their competencies. There is no certification to certified traditional practitioners to control their competencies. Indonesia based on health act, implemented certification for traditional health practitioners. Moreover, this encouraged policy, would trigger for many traditional practitioners who have skills or training to apply for certification.

Skill and knowledge in traditional medicine in Indonesia are variety in diversity. Traditional potion medicine or traditional health services will be developed. The development of traditional medicine service will be emphasized to potion-based and skill-based. The objective of this development is to enhance health condition, disease prevention, curative goals, and enhancing quality of life. (Pitono, 2006)

The objective of traditional health medicine in Indonesia will be based on body of knowledge. This will lead traditional health service in Indonesia would coherence with social norm and religious values. Traditional health service which blend together with religious values will complement general health

service, which emphasizes biomedicine, the synergy between them would occur and become an option for patients.

In order to enhance the competencies and quality of traditional medicine practitioners, Indonesia issues a policy for planning, mapping, development, and supervision traditional medical practitioners. Ministry of health became the institution in Indonesia which is given by the regulation to manage traditional medicine practitioners. A strategy for enhance the competencies, universities or higher education institutions in medicine have significant role. The role these institutions are operating a study in traditional medicine. From this study, it would produce a continuous traditional medical practitioner and developing the knowledge and method in traditional medicine education. Universities and higher education institutions are not only developing knowledge and method in traditional medicine but also organizing and promoting training for traditional medicine practitioners to enhance and developing their skills.

Safety and quality assurance for traditional medicine services also become awareness. Based on Indonesia government regulation, every practitioner (traditional medicine) must hold a licence. (Pudjiastuti, 2015) This licence is a permit from government and legal basis for traditional medicine practitioners practise their skill and knowledge to the community or patients. In addition, based on government regulation a licence is a compulsory permit, if violates, it would be a legal consequence. Government through ministry of health has obligation to oversight licence that has been issued and maintain quality assurance of traditional medicine practitioners.

Another strategy for maintain quality assurance in traditional medicine is applying ethics code and build a strong professional association. Ethics are important for professional when they conduct their skill or method. Traditional medicine practitioners must honour and respect ethics when they give services to patients. Patients will feel save and encourage trust to their practitioners. (Suharto, 2015) Negligence could be minimized and will lead to quality health care services. A strong professional association among traditional health practitioner also give significant role for quality assurance. The Association will give assistance to government for educating and promoting policies, method, and development in traditional health skills. The bond of association members to obey ethics and quality assurance in health service could emerge among them and easily to enhance quality assurance.

1.4 Type of Traditional Health Service

There are 3 (three) type of services that offered by traditional medicine practitioners toward patients or communities. Legal basis for services that offered is regulated at Indonesian Government regulation about traditional medicine. The services are: (Indonesian Traditional Medicine Act, 2014)

1. Empirical Traditional medicine service
2. Complementary traditional medicine service
3. Integrated traditional medicine service

Empirical traditional medicine service is the first level of service to the community. This type of medicine service must have safety and could be implemented empirically based on science and skills of medicine treatment knowledge. Empirical traditional treatment could be implemented by skills and combination between skills and traditional potions. Another service that could be provided is complementary traditional medicine service. Complementary traditional medicine service is higher level than previous one. This service provides health treatment with implementation of bio culture science and bio medical science which have proven its function and safety assurance. Requirement for complementary traditional medicine service are:

- a) Must follow scientific method
- b) Does not harm patients or communities
- c) The best interest for patient interest must become priority
- d) Have a potential for promotive function, prevention function, curative function, and rehabilitative function. In addition, the service could enhance quality of life.
- e) Must be done by certified traditional medicine practitioners

Final type for traditional medicine service model, which can be offered, is integrated traditional medicine service. This type of service is a combination between conventional health services with complementary traditional medicine service. Integrated traditional medicine service needs a collaboration service for medical practitioners with traditional medicine practitioners. The service must be held at medical facilities. The offered service at integrated traditional medicine, must be verified and have a licence from medical committee whether applied in conventional medical facilities such as hospital.

In addition, model for traditional medicine service not only become a concern to enhance the quality assurance. The medical traditional practitioner is also become priority in order to offer a safe and high-

quality service. Human resources in traditional medicine play a key role to gain thrust from society.

The integration of health service between traditional medicine and conventional medicine service is possible to be offered to strengthen health insurance in Indonesia. Problem which may occur for this integration health service is the trust from society. People in Indonesia still believe that conventional health service is more useful for curative and maintaining their health. On the other hand, the many health facilities are insufficient, especially in rural areas and border areas. In addition, medical workers such as doctors and nurses are not always available. Some of health facilities are lack of doctor to give services to communities. This problem could be solved with encouraging involvement of traditional health practitioners.

2 CONCLUSION

The integration between traditional medicine and conventional health service is possible. Indonesia government has issued a regulation to encourage the integration service. The regulation has objectives to achieve condition that are:

1. Give a legal basis for complementary traditional medicine to give services at health facilities with save, integrity, and high quality
2. As a guideline for medical workers to operate integrated traditional medicine services
3. Establish an integrated management of service for integrated traditional medicine
4. Establish a monitoring and quality assurance system for traditional medicine practitioners by government.

The integration service will enhance quality and offering various services to communities for maintain and fulfil their health rights and demands. Thus, quality and facilities to complete the integration health service could be developed with offering more trainings and safety assurance to traditional medicine practitioners which could triggered the developing quality of health services.

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