

## Analysis Of Sustainable Health Development In Indonesia (Sustainable Development Goal's)

Mochammad Iqbal Fadhlurrohman, Eko Priyo Purnomo\*, Ajree D Malawnai

Department of Government Affairs and Public Administrations, Jusuf Kalla School of Government, University of Muhammadiyah Yogyakarta, Indonesia 55183  
Corresponding author: eko@umy.ac.id

*Article Info: Received 10 May 2020 ; Accepted 29 July 2020 ; Published 1 October 2020*

**How to cite (Vancouver):** Fadhlurrohman M, Purnomo E, Malawani A. Analysis Of Sustainable Health Development In Indonesia (Sustainable Development Goal's). Jurnal Kesehatan Lingkungan Indonesia [Online]. 2020 Oct;19(2):133-143. <https://doi.org/10.14710/jkli.19.2.133-143>.

### ABSTRAK

**Latar Belakang:** Pengembangan kesehatan berkelanjutan adalah proses untuk memberikan hak atas kehidupan yang sehat yang harus diperoleh oleh masyarakat yang berguna untuk memperoleh kesejahteraan bagi masyarakat dalam menjalankan kehidupan yang sehat. Konsep pendekatan dalam upaya menangani kesehatan populasi mengalami banyak perubahan sejalan dengan pemahaman dan pengetahuan kita tentang bagaimana masyarakat hidup dan menghormati bahwa kesehatan adalah "Sumber Daya Manusia" yang bernilai sangat besar. Dan tujuan dari penelitian ini yaitu untuk melihat bagaimana faktor yang mempengaruhi dalam melakukan pembangunan kesehatan berkelanjutan.

**Metode:** Metode penelitian yang digunakan adalah penelitian deskriptif yaitu melihat hasil penelitian sebelumnya dan selanjutnya dikembangkan kembali. Teknik pengumpulan data studi literatur ini dari beberapa buku, surat kabar, jurnal, catatan, undang-undang dan media informasi lainnya yang relevan dengan masalah yang diteliti dan observasi, termasuk observasi langsung baik pada subjek yang diteliti maupun wawancara.

**Hasil:** Pemerintah belum mampu menangani masalah yang akan dihadapi terkait kesehatan karena dalam penanganan pemerintah yang masih kurang dikarena banyak kekurangan seperti alat kesehatan dan juga peraturan/regulasi terkait pembangunan kesehatan berkelanjutan yang belum dapat dikatakan efisien pada pertumbuhan kesehatan atau pembangunan kesehatan yang merupakan tujuan pembangunan berkelanjutan atau *Sustainable Development Goal's* (SDG's).

**Simpulan:** Peran dari pemerintah dari tahun ke tahun belum dapat bisa melihat adanya kemajuan dalam mengatasi masalah yang harus diantisipasi sebelum masalah terjadi baik dalam kematian ibu, kekurangan gizi untuk anak-anak dan wanita hamil, dan lain-lain. Yang dimana diharapkan dapat memberikan solusi terhadap permasalahan dari kesehatan.

**Kata kunci:** Pengembangan Kesehatan Berkelanjutan; Faktor Penentu; Upaya Pengembangan Kesehatan

### ABSTRACT

**Title:** Analysis of Sustainable Health Development in Indonesia (Sustainable Development Goal's).

**Background:** Sustainable health development is a process to provide the right to a healthy life that must be obtained by the community that is useful for obtaining welfare for the community in running a healthy life. The concept of approach in the effort to handle the health of the population underwent many changes in line with our understanding and knowledge of how a society lives and respects that health is a "Human Capital" of enormous value. And the purpose of this research is to see how the factors that influence in carrying out sustainable health development.

**Method:** The research method used is a descriptive study that is looking at the results of previous studies and further developed again. This literature study data collection technique from several books, newspapers,

*journals, notes, laws and other information media that are relevant to the problem under study and observation, including direct observation both on the subject under study and interview.*

**Results:** *The government has not been able to handle the problems that will be faced related to health because in managing the government which is still lacking due to many deficiencies such as medical devices and also regulations/regulations related to sustainable health development that cannot be said to be efficient in health growth or health development which is a goal of sustainable development or Sustainable Development Goal's (SDG's).*

**Conclusion:** *The role of government from year to year has not been able to see any progress in overcoming problems that must be anticipated before problems occur both in maternal deaths, malnutrition for children and pregnant women, and others. Which is expected to provide solutions to problems from health..*

**Keywords:** *Sustainable Health Development; Determinants; Health Development Efforts*

## BACKGROUND

Maternal and child health in Indonesia is still in need of development because of the high rate of maternal and child mortality due to nutritional problems, infectious diseases and pregnancy problems that should be able to get prevention and get health services <sup>(1)</sup>. Starting at the time the golden age that health is a standard state that must be achieved and proud of, while sickness as something useless. After germs are found to cause disease, healthy boundaries also change, a person is called fit if after careful examination there is no found cause of the disease <sup>(2)</sup>. One of the factors of public health development is the economic problem, in the financial issue also mentioned that the influencing factor is the public health problem, the economic growth and public health are interconnected and influence each other on the sustainability of sustainable development that will be carried out by the government <sup>(3)</sup>.

Public health development is the government's effort to fulfil the core rights of the community in obtaining health services that are done professionally and provide maximum benefits to improve the quality of optimal public health <sup>(4)</sup>. The importance of developing resources in the process of sustainable development so that they can be utilized about existing support for the sustainability of sustainable development and the process of participation is urgently needed to successful sustainable development activities <sup>(5)</sup>. Management of resources in providing health facilities must be done so that the community is maintained with health in their bodies such as in maintaining the cleanliness of physical and biological environmental conditions, as well as carrying out several activities such as spraying drugs to kill mosquitoes and other insects <sup>(6)</sup>.

In the fifties, the definition of the World Health Organization (WHO) regarding health as a state of health, physical, mental, social well-being and not only free from disease and weakness, and in the eighties the definition of WHO health changed as stated in the Republic of Health Act Indonesia No. 23 of 1992 includes elements of productive social and economic life <sup>(7)</sup>. It is recognized that many factors, including lifestyle, genetics, and access to health care, contribute to long-term conditions. Overall this is a

recognition that poverty, poor health literacy and marginalization in any form contribute significantly to an individual's health status, demand for further services, and high costs for society and economic improvement <sup>(8)</sup>. However, the development of the times has changed an economic, social, and cultural condition. The Indonesian government revised the laws that are no longer relevant as a reference in providing a new health regulation; the Republic of Indonesia government changed the rule no. 23 of 1992 became number 36 of 2009 with hopes to be more modern about improving health in their communities <sup>(9)</sup>.

The World Health Organization (WHO) further said in 2015 that the global problem of ageing is becoming more serious <sup>(10)</sup>. The proportion of the population over the age of 60 will increase from 12% in 2015 to 22% in 2050 <sup>(10)</sup>. With a double speed, the number of older adults aged 60 years and over will reach 2 billion over the next 35 years <sup>(2)</sup>. The concept of approach in the effort to handle the health of the population underwent many changes in line with our understanding and knowledge of how a society lives and respects that health is a "Human Capital" of enormous value. The concept of healthy-sick constantly changes in line with our understanding of values, roles, appreciation and our understanding of health <sup>(2)</sup>.

In a country it can be said that the quality of health services is good by looking at the maternal mortality rate (MMR) <sup>(11)</sup>. In Indonesia alone, the maternal mortality rate in 2014 was 126.5 per 100,000 live births (LB), while in 2015 it dropped to 111.16 per 100 thousand LB, and in 2016 it was 109.6 per 100,000 LB, so in this case on average from 2014-2016 there was a decrease of 13%, this is due to the fulfilment of services that should have been provided to the community properly <sup>(12)</sup>. The cause of MMR which has a significant relationship is in the community with high early marriage, so the role of Community Based Health Efforts (CBHE) in an area is crucial in suppressing MMR, where places with strong UKBM have low maternal mortality rates, the number of obstetricians, health facilities and hospitals does not trigger a decrease in MMR, but the standard

of doctors, health facilities and pain at home will reduce MMR<sup>(12)</sup>,

Health is an essential thing for the community because health can develop human resources, carry out economic activities and attract investment<sup>(2)</sup>. In the effort of sustainable development, the government must implement ways to eliminate disparities in society in order to bring prosperity to the community<sup>(4)</sup>. Health issues must also be a top priority for the government-assisted by the private sector or organization because it is one of the conditions for community welfare<sup>(13)</sup>. Also, the need for optimal equity in society in providing community rights with regulations relating to health development<sup>(4)</sup>. In the effort of sustainable health, development requires community development from an early age or birth to improve the quality of life of the community<sup>(14)</sup>. A very complex problem in health is the lack of nutrition for the community<sup>(15)</sup>. Health is vital for the community, so in the case of children, nutrition for children's health is one of the things that must be done by the government<sup>(16)</sup>. One of the things that must be done by the government is by providing nutrition services for the community it is essential to give the right to life for the community and also provide the feasibility to make the community more effective in running a good and healthy life<sup>(17)</sup>.

In the process of sustainable health development, one of them is a nutrition improvement program for newborn children<sup>(18)</sup>. Furthermore, what must be improved is that efforts to improve maternal and child health must be prioritized to fulfill the right to life for mothers and children. also in giving maternal and child health insurance must be obtained and provided with appropriate health services<sup>(19)</sup>. The poverty factor is one of the problems in addressing sustainable health development in many countries<sup>(3)</sup>. in overcoming health problems; the government must also look at the factors that influence it, one of which is the most influential factor on public health is the economic factor that has a strong influence on public health<sup>(16)</sup>. The more dominant factor with sustainable health development sees the medical resources because they significantly affect the quality of services provided to the community<sup>(17)</sup>. To further improve health services in the process of sustainable health development must be supported by more modern medical devices in order to facilitate the community in dealing with diseases without having to come to the hospital<sup>(18)</sup>. Efforts in providing services are essential but must be able to give change or have to innovate. The innovations made by the government in implementing sustainable health development must first be improved in health services undertaken to provide excellent services to the community<sup>(19)</sup>.

In carrying out excellent and useful health development, cross-sectoral cooperation is also needed because without the cooperation the sustainable development program will not run by the ideals of improving the quality of public health<sup>(20)</sup>.

Health problems for low-income families significantly affect the quality of family health due to the lack of very high medical costs, so the government must look for ways how low-income families can improve better health<sup>(21)</sup>. The government must provide appropriate solutions for the implementation of sustainable health development to provide welfare for the community<sup>(4)</sup>. in overcoming health problems experienced by low-income families one of the ways is by carrying out health development which is assisted by the role of health workers and the community itself such as assistance from Mothers FWD (Family Welfare Development) with aid from the government or from community health centers (Puskesmas) which handle problems which occurs due to lack of money for needy families (21,22). Affirmed in the study<sup>(22)</sup> that health services carried out by the community in integrated service posts (Posyandu) are an effort in health development where checks and administration of medicines are carried out or provide an understanding of public or maternal health and child. To find out the success rate of sustainable health development, one of the factors is by looking at the increase in the Human Development Index (HDI)<sup>(23)</sup>. To determine the priority of the problem in the effort of sustainable health development can also be seen from the results (Community Development Index) HDI and (Healthy Family Index) HFI<sup>(20)</sup>. While to support health improvement in the goals of sustainable development (SDGs) the government must provide substantial investment to eliminate the gap between the rich and the poor<sup>(24)</sup>.

In Indonesia, the government conducts health development by looking at several factors that are a problem in society, such as poverty which is the main factor in improving public health<sup>(25)</sup>. The government must provide a solution that is quite good, one of the solutions from the government in Indonesia itself, such as giving an Indonesian card healthy (KIS) for children<sup>(26)</sup> and provides BPJS or Social Security Organizing Board for all communities<sup>(25)</sup>. Utilization of resources is essential to carry out sustainable development and is also something that must be done by the government in order to give the right for the community to get prosperity<sup>(9)</sup>. The basis of this research is that the health aspect is one of the basic needs of the community that must be met by the government so that through this research intends to see how the role of the government in efforts to implement sustainable public health development. The purpose of this study is to determine the factors that influence sustainable public health development carried out by the government.

## MATERIAL AND METHOD

The research method used is descriptive research that is looking at the results of previous studies and further developed. The use of a qualitative approach is intended to pursue a deep understanding of a phenomenon, fact or reality. Facts, truths,

problems, symptoms and events can only be understood if they are tracked internally by researchers and are not limited to surface views<sup>(27)</sup>. This literature study data collection technique from several books, newspapers, journals, notes, laws and other information media relevant to the problem under study and observation, including direct views either on the subject under study or interviews conducted with specific sources such as from the health department in some underdeveloped areas or by seeing the results of discussions in digital media or mass media and print media. The analysis in this study by trying to compare with the theory to carry out sustainable development in the health sector by producing the core objectives of efforts to provide welfare for the entire community.

Data collection is seen in terms of the needs of the research carried out that are relevant to the research objectives, namely looking at the factors and seeing how the role of government in providing programs aimed at improving or building sustainable health essential in efforts to improve society. The descriptive qualitative procedure with the literature analysis methodology is used by the research process in this paper to extract evidence and knowledge from the sample. By using descriptive research data, writing this paper can provide an overview of the health conditions in the community and the direction of sustainable health development of the Republic of Indonesia. In this study, researchers have reason to use a descriptive qualitative analysis approach because researchers concentrate on learning about Indonesia's strategic efforts to improve public health with sustainable health growth. One explanation of why researchers use qualitative analysis techniques is that this approach will expose and offer an in-depth look at social trends that occur in society. The analysis in this study by trying to compare with the theory to carry out sustainable development in the health sector by producing the core objectives of efforts to provide welfare for the entire community.

## RESULTS AND DISCUSSION

Sustainable health development is a metacognitive necessity that includes the axiological procession of methods, as theoretical knowledge, basic principles of strategy and transparency to determine factor analysis<sup>(28)</sup>. The scientific competencies of sustainable development 'Such As Ivory Towers' as ethics that encourage the incorporation of knowledge and recognition of research potential into acceptance of policy enforcement are at the core of the environmental health movement. This analytical integrity, if viewed from the perspective of ideas that are 'special' and not focused on the size of research credibility and expertise, can be a reducing attribute that works in the face of reality. In carrying out excellent and useful health development, cross-sectoral cooperation is also needed. Without participation, the sustainable

development program will not run by the ideals of improving the quality of public health<sup>(20)</sup>. The ongoing health policy transition becomes a vital reference point as empirical integrity, which impacts on change in society<sup>(29)</sup>. Presidential Regulation (Perpres) No. 59 of 2017 concerning Achieving the Sustainable Development Goals released on 4 July 2017 shows the sustainability of the government in institutionalizing SDGs policies through national development programs<sup>(29)</sup>. The Presidential Regulation (Perpres) emphasizes the commitment of all actors to effectively implement the SDGs agenda in four channels of involvement, including government and parliament, philanthropy and industry, as well as mass organizations, intellectuals and experts.

Indonesia is very consistent about efforts to achieve indicators for SDGs, under the guidance of the President. This continues by incorporating 169 SDG indicators into the National Medium-Term Development Plan "(RPJM)" for 2020-2040<sup>(30)</sup>. Through the above definition, it can be clarified whether the health sector is in any way sterile from politicization. Health campaigns should not be used to take advantage of federal benefits. The "APBN" allocation for the health sector is 5%, and the 10% "APBD" allocation will be applied regularly. Public health training needs to focus more on prevention rather than recovery. A healthy lifestyle must be a life practice. "Salus Aegrotat Suprema Lex." Patient safety is the highest principle<sup>(31)</sup>. The direction of the "RPJMN" policy in the health sector 2020-2024, To improve health services towards universal health coverage, especially strengthening primary health care (Primary Health Care) by encouraging the promotion and preventive efforts, supported by innovation and technology utilization<sup>(32)</sup> and strategies from the Ministry of Health for 2020-2024 it is stated that there are several strategies in the 2020-2024 RPJMN, the first is improving maternal and child health, family planning and reproductive health, the second is accelerating community nutrition improvement, the third is increasing disease control, the fourth is the acculturation of the Healthy Living Movement (GERMAS), and the fifth is the strengthening of the health system and the supervision of drugs and food. So in the next four years efforts to carry out sustainable health development by the government are by the problems that occur in Indonesia<sup>(32)</sup>.

For starters, there are six markers for sustainability in the field of nutrition which is the goal in carrying out sustainable health development, namely: exclusive breastfeeding, stunting, pregnant women, anemia, thin (wasting syndrome), and providing nutrition for pregnant women. All of that is in the National Medium Term Development Plan (RPJMN). The government also needs to make data sets, approaches and alliances more accessible. All health problems in SDG are combined under one goal, which is to maintain a safe presence and foster

happiness for all people of all ages (33). There are 38 goals for SDG that need to be recognized in the health sector. In addition to unresolved issues, including efforts to reduce maternal mortality (MMR) and child mortality (CM), prevention of HIV / AIDS, tuberculosis, malaria and improve access to reproductive health (Including Family Planning), different items attract attention <sup>(34)</sup>, namely: The first, Death due to non-communicable diseases (PTM) means that the government needs to pay attention to

drugs that cause Death due to illness suffered by patients with critical conditions that are not dangerous to other patients but will cause Death for patients suffering from critical illnesses that are not contagious. However, from 1990-2010 this non-communicable disease increased sharply 37% -58%. While the second is drug and alcohol abuse, which causes damage to health for an offender who uses or consumes narcotics and alcohol, which creates an unhealthy lifestyle.

Table 1: Ministry of Health Budget From the State Budget 2015-2020

Health Budget Component	2015	2016	2017	2018	2019	2020
	Real	Real	Real	Real	APBN	APBN
1. Health Budget through Central Government Expenditures	58,068.9	67,783.8	70,817.9	82,009.1	89,758.7	97,249.2
A. Through the State Ministry / Institution	53,651.1	62,559.5	61,918.8	66,948.4	69,130.5	66,243.7
1. Ministry of Health	48,852.6	57,011.2	54,912.3	57,348.7	58,746.5	57,400.0
2. POM Agency	1,071.2	1,318.1	1,565.2	1,915.3	1,970.2	1,916.7
3. BKKBN	2,624.7	2,620.2	2,232.3	4,298.7	3,791.6	3,581.6
4. State Ministry / Other Institutions	1,102.6	1,610.0	3,209.0	3,385.8	4,622.1	3,345.5
a Ministry of Defense	242.4	304.0	1,474.4	1,459.5	1,802.9	1,302.9
b Republic of Indonesia National Police	860.2	1,306.0	1,734.7	1,926.2	2,819.3	2,042.6
5. Health Budget Adjustment	-	-	-	-	-	-
B. Through non-K / L Shopping	4,417.8	5,224.2	8,899.1	15,060.7	20,628.3	31,005.5
1. Health Service Guarantee by the Government	4,417.8	5,224.2	5,299.1	4,804.3	5,785.9	5,902.5
2. Reserve of the National Health Insurance Program	-	-	3,600.0	10,256.4	9,498.0	1,650.0
3. Health Budget Reserves	-	-	-	-	4,910.2	22,070.0
4. DJS-BPJS Financial Deficit	-	-	-	-	434.2	1,383.0
2. Health Budget through Transfer to regions and Village Funds	6,262.7	18,146.9	21,348.1	27,028.1	33,355.0	34,930.3
a. DAK Health and Family Planning	5,204.1	14,360.3	14,499.9	16,615.8	19,875.4	20,781.2
b. BOK and BOKB	-	2,630.6	5,652.5	9,207.8	12,226.0	11,676.0
c. Estimated Health Budget from the Papua Special Autonomy Fund	1,058.7	1,156.1	1,195.8	1,204.5	1,253.6	2,473.1
3. Health Budget through Financing	5,000.0	6,827.9	-	-	-	-
a. Inclusion of State Capital in the Health BPJS for the Health Social Security Fund Program	5,000.0	6,827.9	-	-	-	-
Health Budget (1 + 2 + 3)	69,331.6	92,758.6	92,166.0	109,037.2	123,113.8	132,179.5
Total State Expenditures	1,796,618.4	1,864,275.1	2,004,076.0	2,213,117.8	2,461,112.1	2,540,422.5

Source: (35) (Ministry of Finance, 2019)

Third Death and injury due to traffic accidents reduce accident patients by emphasizing first aid for victims of fatal accidents as happened in Indonesia from 1990-2010 accident victims due to injury or accidents grew 2% from 7% - 9% no too high, but there is an increase <sup>(34)</sup>. While the fourth is Universal Health Coverage or universal health coverage, the government in the health sector has provided a program in which the scope for universal health is for the community to feel or enjoy a healthy life. And the fifth is water, air and soil contamination and pollution; and the handling of crises and emergencies here the supply of clean water that is not contaminated with wastes that make disease nests and reduce pollution caused by water, air and soil must be sought immediately so that they cannot attack the human body.

The above budget is the budget spent to finance health activities carried out by the government in overcoming health problems which will increasingly become a significant problem in life for the welfare of the community. The need for renewal in health then from year to year, the health budget increases from 2015-2020 the increase in the health budget is higher because as has been stated in the table. 1 above that the implementation of the health program is indispensable in order to provide health to the people who must get it in order to be able to get

the right to a healthy life. The impact of health development, in this case, is a process where health is a fundamental problem in the creation of a good life for every community, and the health impact is caused by the per capita economic income in an area. However, per capita income in the economic structure does not directly affect income from per capita in space itself. Yet, it has a direct effect on commercial improvement in people's lives and government budgeting for health, which has a significant influence on per capita income for an area <sup>(36)</sup>.

The increase in the budget issued from the state budget from 2015 was significant until 2020. However, in 2016-2017 it decreased by 0.4, which the budget spent in 2017-2020 increased from 4.6 to 2020, which is 5.2, which is the average, which increases every year by 2%. However, an increase in the budget spent is not enough to carry out significant health development. It must be calculated by many factors, such as high population ratios, with the value of the budget released from the APBN funds. Government expenditure budgeted from the national budget dramatically affects the quality of health to improve public health. It cannot be sanitized that health requires a massive budget for a health program that is needed. No less important is the budget spent to provide better facilities and health workers because it can support the creation of a healthy community.

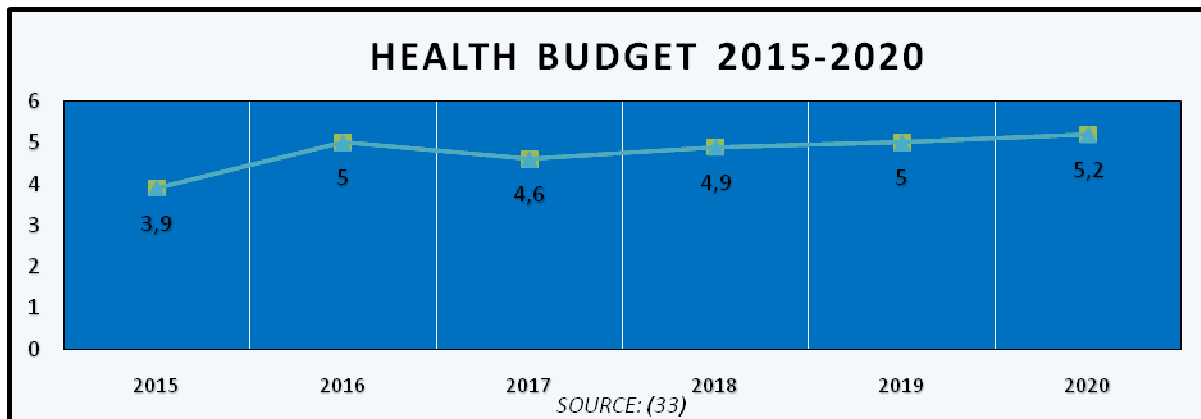
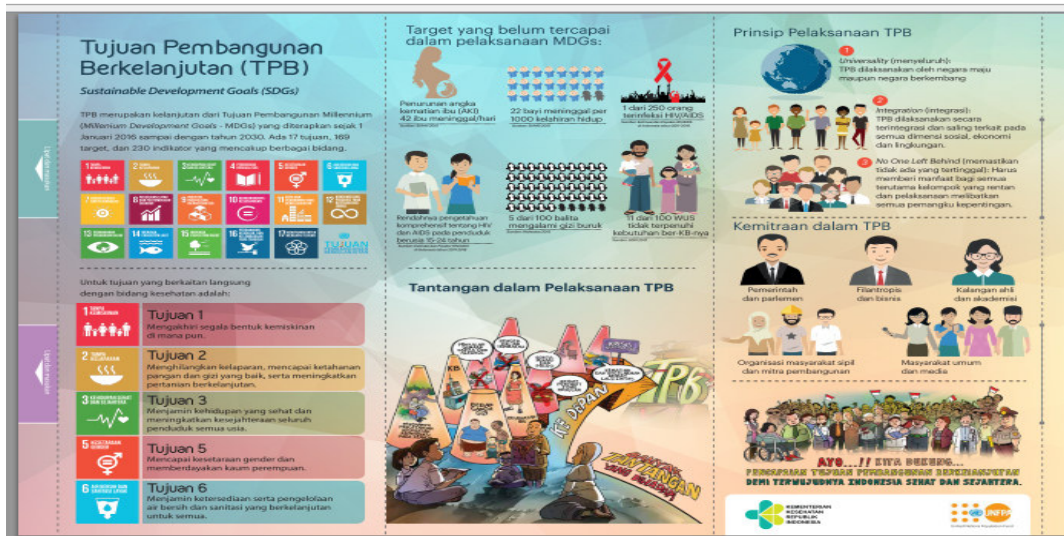


Diagram 1. Budgets Issued for Health 2015-2020 (Ratio of The Health Budget) (Ministry of Finance, 2019)

In Indonesia, there are still many targets that have not been achieved in carrying out sustainable health development which must be done immediately in order to succeed the goals of sustainable health development as explained in Figure 1, which is the first to end all forms of poverty everywhere, the second is to eliminate hunger, achieve good food and nutrition security, and improve sustainable agriculture, the third ensures healthy living and improves the well-being of people of all ages, the fourth is achieving gender health and empowering women. All of them are ensuring the availability and management of clean

water and sustainable sanitation for all. While the sustainable health development program carried out by the government many programs have not been achieved from the implementation of the MDG's which must be continued by the implementation of the SDG's, such as reducing maternal mortality (MMR), death of newborn children, contracting the HIV / AIDS virus, low knowledge about HIV and AIDS in the population aged 15-24 years, malnutrition experienced by children under five, not fulfilled the needs of family planning (KB) <sup>(38)</sup>.





Picture. 1: Sustainable development goals (SDG's) (37) ( Ministry of Health Indonesia, 2017)

The principles in the implementation of sustainable development are shown in Figure 1 above, such as universality (Overall), which means that the implementation of sustainable development is not only calculated from the age but is carried out for all ages that have to get prosperity, the second is integration (Integration), namely the implementation of development broadly sustainable integrated into all dimensions such as the economic, social, and environmental dimensions, and the third is no one left behind (Ensuring All Is Not Left Behind) then, the implementation of sustainable development must provide benefits for all not only certain groups that get benefits, especially which is vulnerable and must involve all stakeholders. The plan introduced to understand SDG in the health sector is the 3 Pillar Safe Indonesia System, namely the health paradigm, health services and national health insurance <sup>(39)</sup>.

#### 1. Health paradigm

The health paradigm is a strategy that encourages ideas to promote and prevent health services and put health as an element in the growth cycle. And the government should build the level of health, which is a principle of humanity embodied in the main objective of the formation of the Indonesian state by prioritizing health for all Indonesian people to obtain the feasibility of living a healthy life.

#### 2. Public health services

Public health services are provided and directed to improve connectivity and service efficiency and, in the case of primary health care, targeted at support and preventive care initiatives, across a whole set of care strategies and risk-based safety measures in the context of clinical governance, management governance, and system governance. To ensure health for the community, priority should be given to optimal services for strategic efforts for the development or improvement of the health cycle for the community.

And do not forget to manage health development strategies in this case as providing welfare for the community.

#### 3. National Health Insurance,

The government is dedicated to providing health facilities for both citizens and foreign nationals residing in Indonesia. This means that the government is taking responsibility and must pay attention to the low-economy community or foreign citizens who are in Indonesia. And the government is also obliged to provide convenience to health services for those who are hampered due to the cost of treating health at a very high price.

In the statement <sup>(39)</sup> above it assumes that the government must effectively carry out sustainable health development because the people need excellent health services in order to get the community's right to obtain welfare in life to get proper health, and can improve all factors in live a decent life in order to be able to build another dimension well. Health development aims to make the community prosper in life where the community is healthy. Some of the objectives listed in sustainable health development are: <sup>(39)</sup>.

1. By 2030, the maternal mortality figure will be lowered to under 70 per 100,000 live births.
2. By 2030, ending preventable newborn and under-five deaths, with all countries trying to reduce Neonatal Mortality at least 12 per 1000 KH (Live Birth) and 25 under 1000 Infant Mortality.
3. By 2030, ending the epidemic of AIDS, tuberculosis, malaria and neglected tropical diseases, and combating hepatitis, water-borne diseases, and other infectious diseases.
4. By 2030, reduce by one third the number of premature deaths from non-communicable diseases, through prevention and treatment, as well as improving mental health and well-being.

5. Strengthening the prevention and treatment of substance abuse, including the abuse of narcotics and the use of dangerous alcohol.
6. By 2030, reduce by half the total number of accidents and injuries resulting from accidents around the world resulting in death.
7. In 2030, ensure equal access to programs of sexual and reproductive health, including family planning, awareness and education, and inclusion of reproductive health into national policies and programs.
8. Ensure comprehensive health care for all residents, including financial cost security, access to decent public health facilities, and access to secure, reliable, effective and accessible essential medicines and vaccines.
9. In 2030, it will significantly reduce the number of deaths and illnesses caused by hazardous chemicals, as well as pollution and contamination of air, water and soil.
10. Strengthening the implementation of the WHO Framework Convention on Tobacco Control in all countries as an appropriate step.
11. Supporting the research and development of vaccines and drugs for communicable and non-communicable diseases which mainly affect developing countries, providing access to affordable essential medicines and vaccines. According to the 'Doha Declaration on the TRIPS and Public Health Agreement', which affirms the ability of developed countries to allow maximum use of the protections of the Exchange Dimensions of Intellectual Property Rights Agreement about the freedom to protect public health and, in particular, to have access to medicines for everyone.
12. Significantly increase health financing and recruitment, development, training, and retention of health workers in developing countries, uniquely less developed countries, and small island developing countries.
13. Strengthening the capacity of all countries, especially developing countries on early warning, risk reduction and public and global health risk management.

Factors influencing sustainable health development in implementing development must have regulations related to health that are relevant to prioritizing health as an effort to sustainable health development by looking at some of the issues that have occurred and are still occurring in many areas, especially in disadvantaged areas where access is complicated to reach. Health development requires regulation by paying attention to the impact on the community, especially on young people affected by the receipt of demographic bonuses, and efforts to improve the quality of health services that must be good for the community<sup>(40)</sup>. Regulations or policies issued by the government must run well, in this case, policies in implementing sustainable health

development without being appropriately implemented by stakeholders or by the bureaucracy, the policies or regulations issued will not be able to change or improve public health in sustainable health development efforts which must be done in order to prosper the community.

Regulations issued must be by the 1945 Constitution security which prioritizes prosperity for the people. People's welfare is one of the main goals of sustainable health development in which the people are prosperous, so their health is better. The government must provide health to the community because health is a human right that must be obtained by the community in running a good life. The right to healthy living is the interaction and interrelation of three rights, namely personal rights, personal rights and social rights because explicitly the granting of the right to healthy living is already in the universal declaration of human rights. Moreover, the granting of the right to a healthy life is very important because everyone has the right to live at an appropriate standard for the health and well-being of them and their families, such as the right to obtain food, housing, and health services. The previous statement shows that in fact, every disturbance, intervention, and injustice is a form that results in disobedience to the human body, and is a violation of human rights<sup>(41)</sup>. When talking about sustainable health development, one thing that must be very seen is the maternal mortality rate (MMR), because it is an indicator that must be an objective in carrying out sustainable health development that must be pursued in programs issued and implemented by the government<sup>(42)</sup>.

Factors that influence in implementing sustainable health development are by prioritizing the interests of the issues in the community such as the provision of excellent health services to the community in overcoming problems in health faced by the community. Health services are essential because, without excellent services, they will not be able to build good health. After all, there is no effort in implementing health development for the community. One example of factors in carrying out sustainable health development is that in the pandemic COVID 19 problem, the government is unable to overcome this problem due to the lack of proper preparation for the dissemination of the pandemic COVID 19 problem, such as a lack of medical equipment that is very useful for handling affected patients COVID 19<sup>(43)</sup>. It means that the government has not been entirely successful in carrying out sustainable health development which should be carried out entirely in order to provide rights and welfare for the community.

According to the researchers, it can be seen from the data presented above that the government must provide an efficient and effective program in overcoming the existing problems because the government cannot see progress in addressing the issues that must be anticipated from year to year



before the problem occurs both in maternal deaths, malnutrition for children and pregnant women, and others (44). One thing that must be emphasized in implementing sustainable development that must be done is that there must be a use of resources which in Indonesia alone, human resources, in particular, can be utilized to make experts in the medical field and training must be done based on health that needs to be done by the government towards community so they can find out how to help people who have first aid ailments. Not only the medical team needed to carry out sustainable health development, but also the perfect medical device and national or international standards because, in the health sector, it is necessary to mention medical devices where there are so many new diseases that there is no cure. Medical, which is very useful for overcoming health problems that can be easily cured. In the process of improving health in the community, it is also mentioned above that the changes that occur are not only aimed at tackling health, but there are too many changes that will be obtained such as to improve the community's economy will be higher because it is no longer involved in the fundamental problems of public health itself. Also, in carrying out sustainable health development carried out by the government can consciously provide welfare for the community. With this, the government carries out a process of granting rights that the community must obtain to fulfill the lives of the people themselves (45).

## CONCLUSION

Sustainable health development is a process that gives the right to a healthy life that must be obtained by the community that is useful to secure the welfare of the city is running a healthy life (2). Factors that have a significant influence on government sustainable health development must be included in this report, such as sustainable health development carried out with much cooperation between health institutions and the community in maintaining environmental conditions and maintaining the health conditions of the people and their communities. In conducting this sustainable health development must also make clear rules or regulations on the efforts of health development that must be carried out by the central government and related ministries, without proper regulation sustainable health development will not have an efficient and robust impact on the community and in carrying out health development as well as in its implementation must provide such as facilitating and improving health services for healthy or sick people.

However, there are problems that occur in Indonesia, the first is health development carried out by the government has not been felt by the community because there are still many supporting factors of health development that have not been achieved, such as medical devices that must be met to improve public health, secondly, such as regulations that are still

complicated. other than that, the existing facilities health have not been able to address the community health in improving their health and also the rules that are in place or that have been made have not gone well They should be implemented to reduce health problems that occur. In Indonesia, there are still many problems that occur, such as overcoming birth rates, child deaths due to malnutrition and also maternal-child mortality, because the Indonesian state is still lacking. However, government efforts to improve health are already there as in the development goals mentioned in Above by Bappenas that in 2030 health problems must be reduced such as reducing maternal mortality, reducing childbirth, malnutrition and others. The purpose of improving health is the essential thing in providing welfare for the community in health issues it must always be pursued in improving public health. High health level, the economy as a very influential factor will increase.

## REFERENCE

1. Nurhidayah, Hidayati N. Revitalisasi Posyandu melalui Pemberdayaan Kader Kesehatan MKK. MKK. 2019;2(2):145-57. doi: 10.24198/mkk.v2i2.22703.
2. Walpole, Barna, Richardson R. Sustainable healthcare education: integrating planetary health into clinical education. *Lancet Planet Heal.* 2019;3(1):e6-7. doi: 10.1016/S2542-5196(18)30246-8
3. Gumilar, Raharjo, Apsari W. Tanggung Jawab Sosial Perusahaan Dan Kesehatan Anak Balita (Kasus Pada Csr Pt. Pertamina Tbbm Bandung Group). *Share Soc Work J.* 2019;8(2):225. doi: 10.24198/share.v8i2.19416.
4. Suarsih, Sunjaya, Setiawati, Wiwaha, Herawati R. Analisis Kebijakan Dana Desa Untuk Pembangunan Kesehatan Di Kabupaten Malinau Dengan Pendekatan Segitiga Kebijakan. *J Sist Kesehat.* 2017;2(4):211-7. doi: 10.24198/jsk.v2i4.12500.
5. Purnomo. The stakeholders' analysis and development indicator of sustainability on the community project. Available SSRN 1818584. 2011;1-19.
6. Nurjazuli N, Dangiran HL, Bari'ah AA. Analisis Spasial Kejadian Filariasi di Kabupaten Demak Jawa Tengah. *J Kesehat Lingkung Indones.* 2018;17(1):46. doi: 10.14710/jkli.17.1.46-51.
7. Kieny, Bekedam, Dovlo, Fitzgerald, Habicht, Harrison, Kluge, Lin, Menabde, Mirza, Travisk S. Strengthening health systems for universal health coverage and sustainable development. *Bull World Health Organ.* 2017;95(7):537-9.
8. Carryer A. Nurse practitioners as a solution to transformative and sustainable health services in primary health care: A qualitative exploratory study. *Collegian.* 2017;24(6):525-31. doi: 10.1016/j.colegn.2016.12.001.
9. Lestari, Sugiharti S. Pemanfaatan Jaminan

- Kesehatan Dalam Pelayanan Kesehatan Ibu Di Tujuh Kabupaten / Kota Di Indonesia Health Insurance Utilization on Maternal Health Services in Seven Districts of Indonesia. *J Ekol Kesehat.* 2019;18(2):111–21. doi: 10.22435/jek.18.2.2160.111-121.
10. World Health Organization. Global report on urban health: equitable, healthier cities for sustainable development. 2016;
  11. Nasirin C. Penguatan peran petugas kesehatan: implementasi kelembagaan daerah dalam meningkatkan kesehatan keluarga prasejahtera di mataram. 2017;3(1):87–99.
  12. Cahya C. Sektor Kesehatan Sebagai Input Pembangunan Berkelanjutan. *suaramerdeka.com.* 2017;
  13. Suci P. Pemetaan Masalah Dan Penentuan Prioritas Program Kesehatan Pada Masyarakat Kelurahan Gerem, Kecamatan Grogol, Kota Cilegon. *Hearty.* 2018;6(2).
  14. Kosasih, Isabella S. Upaya Peningkatan Gizi Balita Melalui Pelatihan Kader Kesehatan Pendahuluan Keadaan gizi masyarakat Indonesia pada saat ini masih belum menggembirakan . Berbagai masalah gizi seperti : gizi kurang dan gizi buruk , kekurangan vitaminA , anemia gizi besi ,, MKK. 2018;1(1):90–100. doi: 10.24198/mkk.v1i1.16945.
  15. Hendrawati, Adistie M. Pemberdayaan Kader Kesehatan dalam Pencegahan dan Penatalaksanaan Stunting pada Anak di Wilayah Kerja Puskesmas Jatınangor. *Dharmakarya.* 2018;7(4):274–9. doi: 10.24198/dharmakarya.v7i4.19527.
  16. Pinem M. Pengaruh pendidikan dan status sosial ekonomi kepala keluarga bagi kesehatan lingkungan masyarakat. *J Ilmu Pemerintah dan Sos Polit UMA.* 2016;4(1):97–106. doi: 10.31289/jppuma.v4i1.896.
  17. Putri. Kesiapan Sumber Daya Manusia Kesehatan dalam Menghadapi Masyarakat Ekonomi Asean (MEA). *J Medicoeticolegal dan Manaj Rumah Sakit* 1018196/jmmr2016. 2017;6(1):55–60.
  18. Chen, Ma, Song, Lai H. Smart Clothing: Connecting Human with Clouds and Big Data for Sustainable Health Monitoring. *Mob Networks Appl.* 2016;21(5):825–45.
  19. Tahir H. Inovasi Program Kesehatan 24 Jam Dalam Mewujudkan Good Health Care Governance di Kabupaten Bantaeng Program Studi Ilmu Pemerintahan Fakultas Ilmu Sosial dan Ilmu Politik Universitas Muhammadiyah Makassar. *J Ilm Muqoddimah.* 2017;2(1):13–22. doi: 10.31604/jim.v2i1.2018.13-22.
  20. Tjandrarini, Mubasyiroh D. Pencapaian Indonesia Sehat Melalui Pendekatan Indeks Pembangunan Kesehatan Masyarakat Dan Indeks Keluarga Sehat. *Bul Penelit Sist Kesehat.* 2018;21(2):90–6. doi: 10.22435/hsr.v21i2.314.
  21. Shalfiah. Peran Pemberdayaan dan Kesejahteraan Kkeluarga (PKK) Dalam Mendukung Program-Program Pemerintah Kota Bontang. *J Ilmu Pemerintah Unmul.* 2013;1(3):975–84.
  22. Tse, Suprojo A. Peran Kader Posyandu Terhadap Pembangunan Kesehatan Masyarakat. *J Ilmu Sos dan Ilmu Polit.* 2017;6(1):60–2.
  23. Indrawati T. Peran Indikator Pelayanan Kesehatan untuk Meningkatkan Nilai Sub Indeks Kesehatan Reproduksi dalam Indeks Pembangunan Kesehatan Masyarakat ( IPKM ). Penelit dan Pengemb Upaya Kesehat Masyarakat, Badan Penelit dan Pengemb Kesehat Menteri Kesehat RI, 2018;28(2):95–102.
  24. Pablos-Mendez, Cavanaugh L. The new era of health goals: Universal health coverage as a pathway to the sustainable development goals. *Heal Syst Reform.* 2016;2(1):15–7. doi: 10.1080/23288604.2015.1120377.
  25. Pertiwi N. Efektivitas Program Bpjs Kesehatan Di Kota Semarang (Studi Kasus Pada Pasien Pengguna Jasa Bpjs Kesehatan Di Puskesmas Sronдол). *J Public Policy Manag Rev.* 2017;6(2):416–30. doi : 10.14710/jppmr.v6i2.16050.
  26. Maliangga, Walewangko L. Pengaruh Kebijakan Pemerintah Kartu Indonesia Di Kecamatan Dumoga Timur. *J Berk Ilm Efisiensi.* 2019;19(01):32–43.
  27. Raco J. Metode penelitian kualitatif: jenis, karakteristik dan keunggulannya. In PT Grasindo, Jalan Palmerah Selatan 22 - 28, Jakarta 10270; 2018.
  28. Morton S, Pencheon D, Squires N. Sustainable Development Goals (SDGs), and their implementation. *Br Med Bull.* 2017;124(1):81–90.
  29. Lardo S. Kesehatan yang Baik dan Kesejahteraan - SDGs. *soroylardo.com.* 2019;
  30. Sumargo B, Kasuma KAP, Tsang YF. Social-environment factor as a weak point of sustainable development in Indonesia. *AIP Conf Proc.* 2018;2019(October 2018).
  31. Nurfahmi Budi Prasetyo. Kesehatan Masyarakat, Agenda yang Berkelanjutan & Konsisten 2020-03-24. *gesuri.id.* 2018;
  32. Kemenkes. Pokok-Pokok Renstra Kemenkes 2020-2024. 2020;1–40.
  33. Kurnia E. Pembangunan Kesehatan di Indonesia Dilanjutkan SDGs. *Okezone LifeStyle.* 2015.
  34. Kemenkes H. Rencana Strategis Kementerian Kesehatan Tahun 2015-2019 (Direktorat Jenderal Kefarmasian dan Alat Kesehatan). 2015;
  35. Keuangan K. Anggaran Kesehatan 2010 - 2020 (Miliar Rupiah). Direktorat Penyusunan APBN; 2019.
  36. Mahardika, Santosa M. Pengaruh Pengeluaran Kesehatan Dan Pendidikan Serta Infrastruktur Terhadap Indeks Pembangunan Manusia Di Provinsi Maluku. *J Chem Inf Model.*

- 2016;14(9):1–58. doi: 10.22219/jep.v14i2.3850.
37. Indonesia KKR. Tujuan Pembangunan Berkelanjutan (TPB). Kementerian Kesehatan. 2017. p. 6.
  38. Nur, Khoiriyah K. Pengembangan model pendidikan kesehatan pada ibu hamil untuk menurunkan angka kematian ibu di kabupaten bogor. *J Progr Kreat Mhs*. 2018;2(1):23–30.
  39. Bappenas. Tujuan Pembangunan Berkelanjutan : Menjamin Kehidupan yang Sehat dan Meningkatkan Kesejahteraan Seluruh Penduduk Semua Usia. kementerian ppn BAPPENAS. 2017.
  40. Ermalena. Indikator Kesehatan SDGs Di Indonesia. *Acta Math Acad Sci Hungaricae*. 2017;35(3–4):451–3.
  41. Moeloek FA. Kesehatan Masyarakat. Semin Pembang Huk Nas VIII. 2003;14–8.
  42. Susiana S. Angka Kematian Ibu: Faktor Penyebab dan Upaya Penanganannya. *INFO Singk Kaji Singk Terhadap Isu Aktual dan Strateg*. 2015;XI(24):13–8.
  43. Ibrahim AA. Kekacauan Respons terhadap COVID-19 di Indonesia. *The Insigjts*. 2020;1(13):1–7.
  44. Chasanah SU. Peran Petugas Kesehatan Masyarakat Dalam Upaya Penurunan Angka Kematian Ibu Pasca MDGs 2015. *J Kesehat Masy Andalas*. 2015;9(2):73. doi: 10.24893/jkma.v9i2.190.
  45. Susilawati, Yan A. Persepsi Anggota Dewan Perwakilan Rakyat Daerah (DPRD) Kota Depok Terhadap Pembangunan Kesehatan di Depok Tahun 2018. *ARKESMAS (Arsip Kesehat Masyarakat)*. 2020;4(2):191–7.