



Access To Medical Services in Remote Areas: an Evaluation of The Effectiveness of Health Policies and International Engagement Non-Governmental Organizations (INGOS) in Indonesia

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ABSTRACT: Public health in remote areas of Indonesia still faces serious challenges, even though the government has implemented various health policies to improve access to medical services. This study aims to analyze the effectiveness of national health policies in improving access to medical services in remote areas and to examine the role of international non-governmental organizations (INGOs) in supporting the implementation of these policies. This study employs a qualitative approach using literature review and document analysis methods, encompassing health-related laws and regulations, government policy documents, reports from international organizations, and relevant academic literature. The analysis results indicate that while national health policies have increased the availability of health facilities, the effectiveness of access and the quality of services in remote areas remain hindered by infrastructure limitations, uneven distribution of medical personnel, and administrative and geographical constraints. INGO involvement serves as a supportive mechanism through local capacity building, the provision of complementary services, and the facilitation of policy implementation in areas difficult for the state to reach. However, such involvement also raises challenges regarding institutional coordination and the limits of national health policy sovereignty. This study concludes that improving access to health services in remote areas requires a more integrated policy approach, strengthening the state's role while clearly and accountably regulating the involvement of international actors.

Keywords: Access to Medical Services; Remote Areas; Policy Effectiveness; INGOs; Health Policy.



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INTRODUCTION

The right to health is an integral part of human rights and is constitutionally guaranteed in the 1945 Constitution of the Republic of Indonesia. The state has a legal obligation to ensure the availability of health services that are equitably accessible to all citizens without regional discrimination. However, as the world's largest archipelago, Indonesia faces significant geographical challenges in achieving equitable access to health services, particularly in remote and underdeveloped areas. Limited infrastructure, a shortage of medical personnel, and the uneven distribution of medicines and health facilities make these regions vulnerable to high maternal and child mortality rates, low immunization coverage, and a high prevalence of diseases that are actually preventable.

To address these challenges, the Indonesian government has adopted various national health policies, including the implementation of the National Health Insurance (JKN) and the decentralization of health services. In theory, these policies are designed to expand access to health services and strengthen the role of local governments in the delivery of public services. However, in practice, the effectiveness of health policies in remote areas still faces various structural and administrative obstacles, particularly in regions with limited geographical access and low institutional capacity (Firdaus et al., 2024). These conditions highlight a gap between the design of national policies and the reality of implementation at the local level.

Given the state's limited capacity, the involvement of international non-governmental *organizations* (INGOs) has become an increasingly relevant factor. INGOs have long operated in remote and marginalized areas of Indonesia, focusing on improving access to health services through community-based approaches, strengthening local capacity, and providing basic health services (Damayanti, 2020). The presence of INGOs is not merely charitable in nature; they also serve as *governance support* actors that help bridge the state's limitations in reaching certain regions.

To analyze the effectiveness of health policies in improving access to medical services in remote areas, this study employs public policy theory, social participation theory, and international cooperation theory as its analytical framework. Public policy theory emphasizes the importance of the policy formulation, implementation, and evaluation stages in achieving predetermined objectives (Dunn, 2017). In the context of health policy implementation in remote areas, collaboration among various actors—the central government, local governments, local communities, and non-governmental organizations—is a key element in overcoming geographical and institutional barriers. Meanwhile, social participation theory asserts that the

active involvement of local communities in the planning and implementation of health programs is a crucial prerequisite for the sustainability and effectiveness of policies (Gaber, 2019). International cooperation theory is used to understand the role of INGOs as non-state actors that serve as a bridge between national policies and local needs, particularly in areas that are difficult for state bureaucratic structures to reach (Dugis, 2016).

Based on this theoretical framework, this study aims to explore how national health policies are implemented in remote areas and to what extent the involvement of INGOs can enhance the effectiveness of these policies. The analysis focuses on the role of INGOs in strengthening community participation, providing additional resources, and developing health programs responsive to local needs. Additionally, this study examines the forms of synergy between government policies and the contributions of international actors in addressing the geographical, social, and economic challenges that affect access to health services.

By integrating public policy analysis, social participation, and international cooperation, this study is expected to provide a more comprehensive understanding of efforts to improve access to health services in remote areas. Furthermore, this study aims to provide normative recommendations for the formulation and implementation of health policies that are more effective, adaptive, and equitable, so that the right to health as a constitutional right can be realized in practice for all Indonesians, including those living in the most remote areas.

LITERATURE REVIEW

1. Health Policies in Remote Areas

Health policies in Indonesia have undergone various changes since independence, with a primary focus on improving access to and the quality of health services for all segments of society. The National Health Insurance (JKN) program, launched in 2014, is one of the largest policies in the health sector, aimed at providing health coverage for all citizens through a social insurance system (Nadia et al., 2023). Nevertheless, various studies indicate that this policy still faces significant challenges in remote areas, such as limited infrastructure, a shortage of medical personnel, and uneven distribution of medications (Wilem Reinhart Ridolof Pomeo & Eko Winarti, 2024).

According to public policy theory, policies designed at the national level are often ineffective if not adapted to local conditions (Dunn, 2017). In the context of health in remote areas, the implementation of national health policies must take into account the specific geographic and socio-economic factors in those regions. Dunn emphasizes that policy effectiveness depends on the government's ability to adapt its implementation to local

challenges and coordinate with other stakeholders, including non-governmental organizations.

2. INGO Involvement in Improving Access to Healthcare

International non-governmental organizations (INGOs) play a significant role in supporting the health sector in developing countries, including Indonesia. Several studies indicate that INGOs contribute to providing health services, particularly in areas that are difficult for the government to reach (Damayanti, 2020). INGOs often provide funding, medical personnel, and health programs tailored to local needs. They are also involved in training local health workers, strengthening health

infrastructure, and enhancing community capacity through empowerment programs (M. Siregar & Wardani, 2018).

Research conducted by Brass et al. (2018) states that INGOs often act as a bridge between government policies and the needs of local communities, particularly in remote areas that are difficult for the national health system to reach. This aligns with the theory of social participation proposed by Gaber (2019), which emphasizes the importance of local community involvement in decision-making processes to ensure that implemented policies or programs align with local needs and conditions. Gaber also highlights that without active participation from the community health policies often fail to achieve their objectives in marginalized areas.

3. Challenges in Implementing Health Policies in Remote Areas

In addition to INGO involvement, the study also identified various barriers to the implementation of health policies in remote areas. A study by Cahya et al. (2023) indicates that the main challenges faced include poor infrastructure, limited transportation access, and a shortage of healthcare workers willing to serve in remote areas. These barriers result in low coverage of medical services in these regions, leaving communities in remote areas frequently struggling to access adequate healthcare (Syahdilla & Susilawati, 2023).

This study also supports the argument by WHO (2015), which states that the success of health systems in remote areas heavily depends on the government's ability to collaborate with various actors, including the private sector and non-governmental organizations. The World Health Organization (WHO) also highlights the importance of utilizing telemedicine technology and other innovations to reach communities living in hard-to-reach areas.

4. Collaboration Between the Government and INGOs in Health Services

Collaboration between the Indonesian government and INGOs has resulted in various health programs in remote areas. Sinta Maulina (2024) emphasizes that this partnership is crucial in addressing the capacity limitations of local governments, particularly in regions with

limited resources. INGOs play a role in filling these gaps, both in terms of providing healthcare facilities and training medical personnel. This study shows that effective collaboration can enhance the effectiveness of health policies on the ground, particularly in hard-to-reach areas (Firdaus et al., 2024).

Another study by Wilem Reinhart Ridolof Pomeo, and Eko Winarti (2024), underscores the importance of aligning the objectives of the government and INGOs to ensure the sustainability of health programs. Effective collaboration can help strengthen local health systems and ensure that the policies implemented are tailored to the specific conditions of remote areas.

5. Public Policy Theory and Social Participation

Dunn's (2017) public policy theory highlights the importance of policy coordination and adaptation based on local conditions. This is highly relevant in the context of health policy in Indonesia, where local challenges such as inadequate infrastructure and a shortage of medical personnel must be addressed through collaboration with other actors, such as INGOs.

The theory of social participation by Gaber (2019) is also relevant for understanding INGO involvement in improving health access. This theory emphasizes the importance of community involvement in every stage of policy implementation to enhance the effectiveness and sustainability of health programs in remote areas.

METHODOLOGY

This study employs a qualitative approach using library research and document analysis. This method was chosen to conduct a normative and conceptual analysis of the effectiveness of health policies in improving access to medical services in remote areas of Indonesia, as well as the role of international non-governmental organizations (INGOs) in this context. The research data is entirely derived from secondary sources, including health-related laws and regulations, central and local government policy documents, official reports from international organizations and INGOs, publications by international institutions, as well as relevant journal articles and academic literature (Khoirunnisa & Jubaidi, 2023).

A descriptive-qualitative approach was used to examine the substance of health policies, implementation patterns in remote areas, and the position and role of INGOs in supporting these policies. The analysis focused on remote regions frequently cited in policy documents and official reports—such as Papua, East Nusa Tenggara, and the island regions of Sumatra—without conducting direct field data collection.

Data analysis was conducted through thematic and normative analysis, identifying key themes such as the effectiveness of health policies, structural and geographical barriers, forms of INGO engagement, and their implications for the governance and sovereignty of national health policies. The analysis process is carried out systematically through the stages of source inventory, classification of legal and policy issues, normative interpretation, and drawing conclusions. Using this method, the study is expected to provide a comprehensive analytical overview of the challenges and opportunities for improving health policies in remote areas without relying on primary empirical data.

RESULTS AND DISCUSSION

1. The National Health Policy Framework and Challenges in Remote Areas

Health policies in Indonesia, particularly regarding access to medical services in remote areas, have been a key focus of the government in recent decades. With its vast and diverse territory, Indonesia faces significant challenges in ensuring equitable distribution of health services. Policies such as the National Health Insurance System (JKN) and other public health programs are designed to improve access, but their implementation on the ground often faces obstacles (Nuurjannah, N, 2021). According to data from the Central Statistics Agency, remote areas still have a low doctor-to-population ratio, with one doctor per thousand residents in many remote regions—far below the standard recommended by the World Health Organization (WHO).

The National Health Insurance (JKN) program was launched in 2014 to ensure access to healthcare for the entire population, including in remote areas. However, in regions such as Asmat, Papua, many people still lack optimal access due to geographical and social factors. Poor infrastructure, such as inadequate and hard-to-reach roads, makes it difficult for people to access healthcare facilities. Additionally, unstable weather and extreme natural conditions often hinder medical personnel from providing routine services (Jubaidi & Khoirunnisa, 2025)

.In a social context, there remains stigma and a lack of public awareness regarding the importance of healthcare services, resulting in low participation in health programs. Communities in remote areas often face challenges regarding information and communication, leaving them unaware of their rights and the services available through the National Health Insurance (JKN). Furthermore, language and cultural barriers also contribute to access difficulties, as many residents do not understand the registration procedures and benefits of the JKN program.

The government and relevant agencies need to take strategic steps to address these

challenges, such as improving infrastructure, providing better health education, and strengthening cooperation with international non-governmental organizations (INGOs) that can support health programs in remote areas. Only through joint efforts can equitable and quality access to health services be realized for the entire population, including those living in isolated regions.

2. Effectiveness of Health Policy Implementation in Remote Areas

The effectiveness of health policies can be measured by various indicators, such as the number of health facilities, community satisfaction levels, and public health indicators (Saputra, 2024). Although there has been an increase in the number of community health centers (puskesmas) and clinics in remote areas, the quality of services remains an issue. For example, in Asmat Regency, despite the presence of several new puskesmas, residents still have to travel long distances to access specialist services that are not available in their area. This indicates that policies focused on quantity without considering quality and accessibility will not yield significant results. Furthermore, in Wakatobi Regency, following the implementation of a community health center development policy, the number of community health centers increased from 3 to 7 over a three-year period (Rahmania et al., 2021). However, despite the increase in numbers, service quality remains hindered by a shortage of trained medical staff, resulting in suboptimal care. Many community health centers lack doctors and other healthcare workers, making them unable to provide comprehensive healthcare services (Ruslang & Diah Ayu Puspendari, 2023). This situation has the potential to worsen public health, particularly in remote areas that heavily rely on nearby healthcare facilities for basic services.

Additionally, the distribution of medical personnel to newly built community health centers is often uneven. Many medical professionals prefer to work in major cities due to better incentive packages and more comfortable living conditions, leaving community health centers in remote areas with a severely limited number of medical staff (Sulaiman Sulaiman et al., 2024). In some community health centers, existing staff also lack adequate training to handle more complex health cases, leaving them ill-prepared to provide the necessary care.

To address these challenges, it is crucial for local governments to develop strategies to attract medical personnel to serve in remote areas, including financial incentives, ongoing training programs, and improved working facilities. Additionally, collaboration with INGOs in training and capacity- building for local health workers can enhance the quality of healthcare services provided, ensuring that communities in Wakatobi Regency gain better and more sustainable access to healthcare.

3. Inequalities in Access to and Quality of Healthcare Services

The availability of medical personnel in remote areas significantly impacts access to services. Research indicates that many doctors and medical staff are reluctant to work in remote areas due to inadequate facilities and difficult living conditions. Flying doctor programs or the deployment of medical staff from major cities often serve as temporary solutions but are not reliable in the long term. The quality of healthcare services in remote areas is also influenced by the availability of medical equipment and medications, which are often limited.

A case study at the Sirombu Community Health Center (Puskesmas) revealed that the facility lacks equipment for diagnosing chronic diseases, forcing residents to travel long distances to cities for better care (Madjid, 2020). This situation poses a serious challenge for residents suffering from conditions such as diabetes, hypertension, and heart disease, where early diagnosis is crucial to preventing severe complications. The inability of community health centers to perform basic examinations such as routine blood sugar or blood pressure measurements results in delays in treatment. People without easy access to transportation are often forced to delay care, which risks worsening their health conditions. In some cases, patients who could be managed locally must instead be referred to hospitals in major cities, which not only increases treatment costs but also drains the time and energy of their families. This also leads to dissatisfaction with the health services they should be receiving at the community health center level.

Various obstacles remain, hindering the effectiveness and sustainability of program implementation. These include infrastructure limitations, shortages of healthcare personnel, and constraints on funding and resources. Funding constraints arise because donor funding is often temporary or limited to a specific timeframe, putting the continuity of existing programs at risk.

To address these issues, it is crucial for the government to invest in infrastructure and medical equipment at community health centers, as well as ensure adequate training for healthcare workers. Collaboration with international non-governmental organizations (INGOs) that have expertise in procuring medical equipment can serve as an effective short-term solution (Damayanti, 2020). By strengthening the capacity of the Sirombu community health center, it is hoped that the community can receive more comprehensive and high-quality healthcare services, so they do not have to travel long distances to obtain necessary care.

4. Involvement of International Actors in Health Services in Remote Areas

The involvement of international actors in the provision of health services in remote areas has become increasingly prominent in global health governance, particularly in developing countries with geographical constraints such as Indonesia. The presence of international organizations and international non-governmental organizations (INGOs) is often viewed as a solution to the state's limited capacity to reach remote areas. However, from a legal perspective, this involvement must be analyzed not merely as a technical or humanitarian practice, but as part of the interplay between international law, national law, and health policy sovereignty.

Normatively, international actors in the health sector can be distinguished between intergovernmental organizations and non-state actors. The World Health Organization (WHO) has a clear status under international law based on its constitution as a specialized agency of the United Nations. The WHO has the authority to set global health standards and provide policy recommendations to member states. However, these recommendations are non-binding and acquire legal force only when adopted into national regulations. Thus, the WHO's authority in the national context depends on the consent and will of the state.

Conversely, INGOs do not possess international legal personality in the classical sense. The legal status of INGOs derives from the national laws of the host country as well as administrative cooperation agreements with the government. In the Indonesian context, the involvement of INGOs in health services is subject to the national legal framework governing foreign organizations and international cooperation. Therefore, INGOs do not have the authority to formulate public policy; rather, they function as implementing partners or supporters of national health policies.

The primary instruments used in international health cooperation are soft law instruments, such as WHO guidelines, standards, and recommendations. Although not legally binding, soft law has strong normative influence because it is often used as a reference in the formulation of policies and technical regulations. In the context of remote areas, soft law promotes community-based health care approaches and the strengthening of primary care. However, overreliance on international soft law has the potential to create normative tensions if global standards are adopted without adaptation to local conditions.

From a sovereignty perspective, international engagement does not necessarily diminish a state's authority as long as the state retains normative control over the direction of health policy. The main problem arises when the absence of a clear national legal framework causes health policies in remote areas to be influenced more by the agendas of international actors

than by national priorities. This situation can undermine policy consistency and create structural dependence on external programs.

In Indonesia's decentralized system, this issue becomes increasingly complex. Regional autonomy provides local governments with the flexibility to collaborate with international actors in improving access to health services. However, without adequate legal frameworks, such collaboration risks becoming fragmented and out of alignment with national policies. Therefore, international engagement must be situated within a legal framework that affirms the role of local governments as the primary regulators and coordinators.

Ultimately, international involvement in health care in remote areas must be understood as a mechanism that complements—rather than replaces—the state's responsibilities. Strengthening national and regional legal frameworks is a key prerequisite for ensuring that contributions from international actors genuinely support improved access to health care without undermining national health policy sovereignty.

5. Patterns of Collaboration Between the Government and International Actors

Collaboration and coordination among international non-governmental organizations (INGOs), local governments, and relevant agencies are necessary; however, there is often a lack of effective communication and coordination, leading to program overlaps and even gaps in service coverage, which poses a significant challenge in this context. Another significant challenge in this context is the geographical terrain and extreme weather conditions, which hinder transportation access to these remote areas, making it essential to prioritize interventions so that programs can be implemented. Additionally, technological limitations, such as limited internet access, hinder the implementation of telemedicine and health information systems. Therefore, these challenges require a comprehensive and adaptive approach, as well as collaboration with various stakeholders—including both government and private sectors—and necessitate collaboration with international non-governmental organizations.

Examples of such collaboration include the Sehat Negeriku Foundation, funded by USAID, which has developed telemedicine services to reach communities in Sulawesi and Maluku that are difficult for medical personnel to access. Funding was also used to build a telemedicine platform, train local health workers in technology use and communication skills, enabling specialist doctors and health educators to work online. Additionally, the International Red Cross constructed clean water facilities in Lombok and Sumba. These initiatives represent tangible forms of collaboration in health programs for communities in remote areas of Indonesia.

Collaboration between the government and INGOs has proven effective in West Sumba Regency. Here, INGOs such as Médecins Sans Frontières and the local government have partnered to implement a community health program that successfully increased child vaccination coverage from 50% to 85% within a year (Damayanti, 2020). This collaboration includes health education, vaccine distribution, and training for local medical staff.

Through intensive health education, the community was provided with information on the importance of immunization and its benefits in preventing infectious diseases. Health teams from Médecins Sans Frontières traveled to villages to conduct educational sessions and provide a better understanding of the immunization schedule as well as ways to maintain children's health.

Vaccine distribution is also optimized by leveraging local resources. With logistical support from the local government, the necessary vaccines can be efficiently distributed to community health centers and village health posts throughout the Southwest Sumba region. This ensures that vaccines are available and accessible to all children, especially in remote areas that were previously difficult to reach.

Training for local healthcare workers is a key pillar of this program. Healthcare workers are trained in proper vaccination techniques, logistics management, and how to handle potential side effects (R. Siregar, 2021). By enhancing the capacity of local healthcare workers, the immunization program can be sustained even after the INGO has completed its program.

The results of this collaboration are evident not only in increased vaccination coverage rates but also in heightened public awareness of the importance of immunization as part of child health. Through this holistic approach, West Sumba Regency has demonstrated that cooperation between the government and INGOs can address public health challenges and yield significant positive impacts for future generations.

6. Structural and Institutional Barriers to Accessing Health Care

Barriers to accessing health services in remote areas often stem from infrastructure issues, such as damaged roads, limited transportation, and difficult geographical conditions (Luti et al., 2012). Interviews with community members indicate that many must walk long distances to reach health facilities, often in poor weather conditions. Additionally, a lack of information about available health services poses a barrier, as people are unaware of when and where health services can be accessed.

Although there has been an improvement in access to services, findings also indicate that the availability of facilities and medical personnel remains a major challenge. The uneven

distribution of healthcare workers and high turnover rates are other issues. This is due to low salaries and incentives for healthcare workers in remote areas that do not match the actual need for such personnel, including healthcare facilities that still lack basic medical equipment, and the available medical staff are often overwhelmed by the number of patients they must serve. Therefore, the government needs to implement recruitment and placement policy reforms that are fairer and based on local needs, ensuring the well-being and safety of healthcare workers in remote areas.

In Southeast Maluku Regency, residents must undertake long and dangerous journeys by land and sea to reach health facilities (Laksono & Sukoco, 2016). In interviews, residents revealed that they often wait for days to secure safe transportation to the community health center, resulting in delays in treatment and disease management. This situation creates a major challenge, especially for those suffering from acute illnesses that require immediate care.

The hilly and archipelagic geography makes access to health facilities extremely difficult (Su'udi et al., 2022). Many residents living on small islands do not have direct access to public transportation, and when it is available, the cost of travel is often unaffordable. Communities living far from health centers must rely on local fishermen or small boats that are not always able to sail, especially during bad weather.

Due to delays in receiving care, some residents experience more serious complications from illnesses that could have been easily treated had they received timely access. For example, a pregnant woman had to wait more than two days to secure transportation to a health center when she felt signs of labor, putting both her life and her baby's at risk.

To address these challenges, collaborative efforts between local governments and international organizations are needed to improve access to healthcare transportation. The development of a more organized transportation system, such as the provision of marine ambulances or support for local transportation, is crucial. Additionally, improving road infrastructure and health facilities in more strategic locations must also be a priority to ensure that residents of Southeast Maluku Regency are not hindered by distance and difficult access when they need medical care. With coordinated efforts, it is hoped that health access for communities in remote areas can be significantly improved.

7. Community Participation in the Implementation of Health Policies

Community involvement in the planning and implementation of health programs is crucial to ensure that these programs align with local needs (Gedeona, 2015). Research

indicates that health programs involving the community in decision-making have higher success rates. For instance, health education programs that engage local community leaders can enhance public awareness and participation in maintaining their health.

Health policies that are implemented tend to be general in nature and do not fully account for the needs and conditions of remote areas. Consequently, some programs are ineffective in all regions due to differences in infrastructure, culture, and the community's level of education. Cultural and language differences can also hinder communication and the implementation of health programs in remote areas. Not to mention the issue of strong traditional beliefs and a skeptical attitude toward medical services among local residents toward medical personnel from outside the region.

Community involvement can be seen in the health promotion program in Molo Village, East Nusa Tenggara (Mandaru, 2021). Through regular meetings with community leaders, this program successfully raised public awareness about the importance of immunization. Active community participation in health education contributed to an increase in immunization rates from 60% to 90% within a year. Community leaders serve as a bridge between health programs and residents, ensuring that information about immunization is conveyed in a relevant and acceptable manner.

During these meetings, the community is invited to discuss the benefits of immunization and address myths and misconceptions that often hinder participation. By involving respected figures in the community, such as village heads and religious leaders, the program creates a supportive environment for families to bring their children to the health post to receive vaccinations.

Additionally, the health team conducts home visits to reach families who cannot attend the meetings. This approach ensures that critical information regarding immunization and vaccination schedules is disseminated evenly throughout the village. During these visits, health workers can provide direct education and demonstrate the immunization process, helping the community feel more comfortable and confident in participating in the program.

The results of these efforts are reflected not only in increased immunization rates but also in heightened community awareness of the importance of overall health. The community has become more proactive in seeking health services and more attentive to their families' health. The program's success demonstrates that community engagement is key to achieving better health outcomes and can serve as a model for similar programs in other regions facing comparable challenges.

8. The Direction of Inclusive and Sustainable Health Policies

Inclusive and sustainable health policies are necessary to ensure that all segments of society can access quality health services (Usman et al., 2024). This includes increased funding for the development of health facilities, training of medical personnel, and health promotion programs that reach remote areas. Collaboration between the government, INGOs, and local communities must be strengthened to create a health service model that is adaptive and responsive to community needs.

Inclusive health policies are evident in community health center development programs in isolated areas such as Kapuas Hulu Regency, West Kalimantan. Local governments, in collaboration with INGOs, have developed community-based healthcare models prioritizing local needs. This program has successfully increased community participation in health maintenance, and the healthcare facilities built have received strong support from the local community.

Through a participatory approach, the community is involved in the planning and implementation of health programs, so that they feel a sense of ownership and responsibility for the sustainability of existing facilities. Regular meetings are held to identify health issues faced by the community and to find solutions appropriate to the local context. For example, during one meeting, the community expressed the need for malaria treatment, as the disease is common in the area. In response, the community health center and the INGO collaborated to provide an educational program on malaria prevention as well as the distribution of mosquito nets.

The construction of a new community health center also involved local labor, thereby not only providing better access to healthcare but also creating job opportunities for the local community. Additionally, training for local medical staff was conducted to improve the quality of healthcare services provided. As a result, the community is not merely a beneficiary but also a key actor in efforts to improve health in their region.

Strong community support for the new community health center is evident in the increase in the number of visits and participation in the health programs organized. This reflects the trust that has been built between the community and health care providers, which in turn strengthens disease control efforts and improves overall health. The success of this program serves as a good example for the development of health policies focused on community empowerment and responsiveness to local needs, and can be adopted by other regions facing similar challenges. To that end, collaboration and the pooling of government funds with

resources from the private sector, INGOs, or international donors can increase funding capacity and enhance program sustainability.

9. Policy Implications and Normative Recommendations

Based on the research findings, recommendations are drawn from case studies such as that observed in East Flores Regency, where periodic evaluations of health programs are conducted every six months. This evaluation process enables authorities to assess the effectiveness of ongoing programs and make necessary adjustments to achieve better outcomes. One of the key recommendations is the need for increased funding for the development of health facilities, given that many areas still lack adequate infrastructure to provide optimal health services.

Training for medical personnel is also a key focus, as the quality of health services heavily depends on the capabilities and skills of existing healthcare workers. Through investment in continuous training, medical staff can be updated with the latest knowledge and practices, making them better prepared to address various health challenges emerging in their communities.

Additionally, it is crucial to adopt a data-driven approach that involves the community in decision-making. Through the collection and analysis of accurate health data, specific health needs and priorities requiring attention can be identified. Involving the community in the decision-making process not only enhances transparency but also fosters a sense of ownership and responsibility toward the implemented health programs. With active community involvement, health programs will be more relevant and effective in addressing the health challenges faced by the community. To that end, collaboration and the pooling of government funds with resources from the private sector, INGOs, or international donors can increase funding capacity and enhance program sustainability.

By implementing these recommendations, it is hoped that health programs in remote and isolated areas of Indonesia can be significantly improved, yielding broader positive impacts on public health and overall well-being.

Based on this, several recommendations can be summarized to improve the effectiveness of health policies. First, periodic evaluations of existing health policies must be conducted to assess their impact on the ground. Second, the development of sustainable training programs for medical personnel in remote areas must be prioritized. Third, improved communication and coordination between the government and INGOs are necessary to ensure that health

programs operate synergistically.

Overall, although health policies in Indonesia have shown progress in terms of access to medical services in remote areas, there are still many challenges that must be addressed. These challenges include infrastructure limitations, a shortage of trained medical personnel, and transportation barriers that make it difficult for communities to access necessary health services. Amid these

conditions, the involvement of international non-governmental organizations (INGOs) is crucial in supporting policy implementation and enhancing local capacity. INGOs not only assist in providing resources but also contribute to the training of medical personnel and health education needed by the community.

Effective collaboration between the government, INGOs, and the community is necessary to create an inclusive and sustainable health system. By involving all stakeholders in the planning and implementation of health programs, each party can support one another and optimize available resources. The community, as service users, must be involved in decision-making so that the programs implemented truly align with local needs.

Only through a comprehensive and integrated approach can access to health services in remote areas be significantly improved. Strategies that involve improving health infrastructure, training medical personnel, and fostering active community participation in health programs will have a greater impact on improving the quality of life and health of communities in areas that have long been marginalized. Through these steps, it is hoped that Indonesia can achieve better and more equitable health outcomes for all its citizens, particularly in remote areas.

CONCLUSION

This study highlights the importance of effective health policies in improving access to medical services in remote areas of Indonesia. Although there have been significant efforts by the government through various health policies and programs, the challenges faced on the ground remain substantial. Poor infrastructure, a shortage of medical personnel, and limited resources remain the primary obstacles to ensuring equitable and quality access for communities in remote areas. Although government funding for health programs in remote villages holds great potential, it has not yet been fully effective due to various challenges in planning, implementation, and oversight.

The involvement of international non-governmental organizations (INGOs) is crucial in supporting the government's efforts. Through innovative programs and close collaboration with local governments, INGOs have successfully made significant contributions to the

provision of health services, training of medical personnel, and raising public awareness of the importance of health. Collaboration between the government and INGOs, although it has already shown positive results, still needs to be improved to create better synergy in the implementation of health policies.

Community involvement in the planning and implementation of health programs has also proven effective in improving access to and the success of these programs. Therefore, it is important for the government and INGOs to continue involving the community at every stage, ensuring that the programs implemented are truly relevant and aligned with local needs.

Overall, this study confirms that while national health policies have the potential to improve access to medical services in remote areas, a more integrated and collaborative approach between the government, INGOs, and the community is needed to achieve these goals. With strong commitment

and cooperation, it is hoped that access to quality health services can be realized for all segments of the community in remote areas, thereby supporting an overall improvement in public health.

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