Legal Analysis of the Implementation of Government Policy in Tuberculosis Control Reviewed from a Human Rights Perspective in Indonesia

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Tuberculosis (TB) remains a major public health problem in Indonesia, with high case and death rates. Consequently, the government has implemented various control policies through Presidential Regulation Number 67 of 2021 concerning Tuberculosis Control. This study aims to analyze the legal regulations and implementation of government policies for tuberculosis control in Indonesia and to assess their compliance with human rights perspectives, particularly the right to health. This study uses a normative legal research method with a statutory *and* conceptual *approach* . The research results show that the legal framework for tuberculosis control is adequately grounded in the 1945 Constitution of the Republic of Indonesia, Law Number 39 of 1999 concerning Human Rights, Law Number 17 of 2023 concerning Health, and Presidential Regulation Number 67 of 2021 as a technical regulation. Policy implementation has shown positive progress through improved case detection, treatment, surveillance, and health service innovation. However, obstacles remain, including the failure to achieve case detection targets, high mortality rates, unequal access to health services, and stigma against tuberculosis sufferers. From a human rights perspective, the implementation of this policy aligns with the fulfillment of the right to health, although its implementation still requires strengthening to ensure that the right to health is fulfilled effectively, equitably, and fairly.
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1. Introduction

Tuberculosis (TB) remains one of the infectious diseases with the highest morbidity and mortality rates in the world. (Weixi, 2024)Although the bacteria that cause TB were discovered in 1882 by Dr. Robert Koch and various advances in diagnosis and treatment continue to develop, this disease cannot yet be optimally controlled, especially in countries with a high caseload. (Fahamsya, Dhinta, & Nurhidayati, 2025)The World Health Organization (WHO) through *its End TB Strategy* has set a target of eliminating tuberculosis by 2030 as part of the Sustainable Development Goals *,* so that every country is required to strengthen its policies and health service systems in controlling TB. (Mayditania, 2023).

Indonesia still faces a very high tuberculosis burden. According to *the Global TB Report 2024* , Indonesia ranks second in the world after India, with an estimated 1,090,000 TB cases and 125,000–136,000 deaths annually. This means an average of 14 people die every hour from this disease. (Admin, 2025)In 2024, approximately 885,000 cases of TB were discovered, while by early March 2025, the Ministry of Health had detected approximately 889,000 cases, or approximately 81% of the national target of 1,092,000 cases. (Tobing, et al., 2026)The increase in the number of identified cases not only indicates an increase in the spread of the disease, but also reflects improvements in the early detection and reporting system, which previously faced issues of *under-reporting* . The high number of cases and deaths indicates that TB control still faces various challenges in its implementation.

The Indonesian government has taken various steps to accelerate tuberculosis elimination. In addition to increasing case detection through strengthening the surveillance system, the government is also expanding treatment coverage, developing more effective therapeutic regimens, utilizing technology in screening and diagnosis, and preparing for the development of a TB vaccine. (Sofiana, Muthiah, & Putri, 2024)These efforts are reinforced through Presidential Regulation Number 67 of 2021 concerning Tuberculosis Control, which stipulates a national strategy that includes strengthening the commitment of central and regional governments, increasing access to health services, health promotion, prevention, infection control, research development, and cross-sector collaboration. This policy demonstrates that TB control relies not only on medical services but also requires good governance that ensures effective and sustainable program implementation. (Putri, 2025).

Despite the existence of a regulatory framework, the implementation of tuberculosis control policies still faces various obstacles. Disparities in access to healthcare services between regions, delayed diagnosis, stigma against TB patients, and suboptimal case reporting from all healthcare facilities indicate that policy implementation has not fully provided equal protection for all members of the community. (Hasina, 2020)The success of TB control cannot be measured solely by the increasing number of cases found or treated, but also needs to be assessed based on the country's ability to guarantee access to health services that are available, easily accessible, of high quality , and free from discrimination. (Kumalasari & Prabawati, 2021).

This issue is closely related to the right to health as part of human rights. The Indonesian Constitution, through Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, guarantees the right of every person to obtain health services, while Article 34 paragraph (3) emphasizes the state's responsibility in providing health service facilities. This guarantee is reinforced in Law Number 39 of 1999 concerning Human Rights and Law Number 17 of 2023 concerning Health, which requires the state to provide health services fairly, equitably, and without discrimination. Therefore, the implementation of tuberculosis control policies is not only related to the success of health programs, but also reflects the implementation of the state's obligations in fulfilling citizens' right to health.

Several studies have examined the implementation of tuberculosis control policies in Indonesia. Cindy Mayditania highlighted that the success of tuberculosis control programs in community health centers is influenced not only by resources, communication, bureaucratic structure, and the disposition of implementers, but also by community participation as a supporting factor in policy implementation. (Mayditania, 2023)Meanwhile, Karina Gladis Panggabean and Novi Winarti found that the implementation of Presidential Regulation Number 67 of 2021 in the Riau Islands Province has been running according to policy implementation indicators, although still facing obstacles in achieving the target of detecting and treating tuberculosis cases. (Panggabean & Winarti, 2024).

Both studies focused more on policy implementation from a public health and public administration perspective. Unlike those studies, this study examines the implementation of tuberculosis control policies through a legal approach, emphasizing their compliance with human rights principles, particularly the fulfillment of the right to health as a constitutional right of citizens. Based on this description, the author conducted a study entitled "Legal Analysis of the Implementation of Government Policy in Tuberculosis Control Reviewed from a Human Rights Perspective in Indonesia".

Formulation Of The Problem

Based on the background above, the problems in this research are:

1. How are the legal regulations and implementation of government policies in controlling tuberculosis in Indonesia?

2. How is the implementation of the tuberculosis control policy appropriate from a human rights perspective, particularly the right to health?

2. Research Methods

This research is a normative legal research using a statute approach *and* a conceptual *approach* . (Fakhlur, 2021)A legislative approach is used to examine various legal provisions governing tuberculosis control and the right to health, including the 1945 Constitution, Law Number 39 of 1999 concerning Human Rights, Law Number 17 of 2023 concerning Health, Presidential Regulation Number 67 of 2021 concerning Tuberculosis Control, and other related laws and regulations. Meanwhile, a conceptual approach is used to analyze the concept of policy implementation, the right to health, and human rights principles as a basis for assessing the implementation of tuberculosis control policies in Indonesia.

The legal materials used in this research consist of primary legal materials, secondary legal materials, and tertiary legal materials. (Marzuki, 2021)Primary legal materials include laws and regulations related to tuberculosis control and human rights, while secondary legal materials are obtained from books, scientific articles, journals, research results, and official documents relevant to the research object. Tertiary legal materials include legal dictionaries, encyclopedias, and other supporting sources that help explain legal terms. Legal materials were collected through literature studies, then analyzed qualitatively using descriptive-analytical methods through systematic legal interpretation to obtain legal arguments regarding the implementation of government policies in tuberculosis control from a human rights perspective. (Soekanto & Mamudji, 2021).

3. Discussion

Legal Regulations and Implementation of Government Policies in Tuberculosis Control in Indonesia

The right to health is one of the constitutional rights guaranteed in the Indonesian state system. This guarantee is stated in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which states that everyone has the right to receive health services, as well as Article 34 paragraph (3) which emphasizes the state's responsibility to provide adequate health care facilities and public service facilities. (Parsa & Hufron, 2026). These two provisions demonstrate that fulfilling the right to health not only recognizes the rights of every citizen, but also imposes an obligation on the state to provide a health system capable of protecting the public from various disease threats, including tuberculosis (TB).

From a constitutional perspective, the right to health is not only interpreted as the right to receive treatment when someone is sick, but also includes the right to receive protection through promotive, preventive, curative and rehabilitative efforts. (Taufik, 2019)Therefore, tuberculosis control is part of the implementation of the constitutional mandate, which requires the government to implement policies to prevent transmission, accelerate case detection, ensure continuity of treatment, and improve public health education. Therefore, the success of tuberculosis control is one indicator of the state's implementation of its constitutional responsibility to fulfill the right to health. (Agustina, 2015).

Regulations regarding tuberculosis control are further developed through several interrelated levels of legislation. At the legislative level, the legal basis is found in Law Number 39 of 1999 concerning Human Rights and Law Number 17 of 2023 concerning Health. Meanwhile, more operational regulations are stipulated in Presidential Regulation Number 67 of 2021 concerning Tuberculosis Control, which serves as a guideline for implementing the national strategy for tuberculosis elimination in Indonesia.

Law Number 39 of 1999 concerning Human Rights affirms that the right to health is a fundamental right that must be respected, protected, and fulfilled by the state. This provision is reflected in Article 9

paragraph (3), Article 71, and Article 72, which require the government to take concrete steps to ensure the fulfillment of human rights. In the context of TB control, this obligation is realized through the development of policies that can prevent disease transmission, expand access to diagnosis and treatment, and provide protection to sufferers from various forms of discrimination.

Meanwhile, Law Number 17 of 2023 concerning Health does not specifically regulate tuberculosis as a national program. Regulations regarding tuberculosis are only mentioned in the Explanation of Article 167 paragraph (4), which explains that the integration of primary health care services is intended to support the implementation of government programs, one of which is the tuberculosis control program. This indicates that the Health Law provides more of a normative basis for the implementation of health services, while regulations regarding strategies, division of authority, coordination mechanisms, and indicators for the implementation of tuberculosis control still require further regulation.

This need was then addressed through Presidential Regulation Number 67 of 2021, which comprehensively regulates the objectives, national strategies, division of authority between the central and regional governments, strengthening health services, surveillance systems, funding, research, and coordination in tuberculosis control. Unlike the previous approach, which was more oriented towards the health sector, this Presidential Regulation positions tuberculosis control as a shared responsibility involving various ministries, regional governments, health care facilities, professional organizations, universities, the business community, community organizations, the media, and the community. This regulation demonstrates a paradigm shift from a sectoral approach to a cross-sectoral approach in an effort to achieve the target of tuberculosis elimination in Indonesia.

The implementation of Presidential Regulation No. 67 of 2021 has shown progress through increased case detection, expanded access to treatment, strengthened surveillance systems, and the development of innovative diagnostics, therapies, and vaccine candidates for tuberculosis. These steps reflect the government's commitment to implementing a comprehensive tuberculosis elimination policy. However, successfully achieving the 2030 elimination target still requires equitable regional capacity, strengthened cross-sectoral coordination, and increased access to quality, discrimination-free healthcare services. Further analysis reveals a gap between the norms stipulated in Presidential Regulation No. 67 of 2021 and implementation on the ground. The Presidential Regulation stipulates the division of tasks between the central government, regional governments, and various stakeholders in implementing the tuberculosis control program. However, implementation across regions has not demonstrated the same level of effectiveness. Differences in regional fiscal capacity, limited health workers, unequal distribution of diagnostic facilities, and low community participation have resulted in suboptimal program implementation. Furthermore, stigma against tuberculosis sufferers remains a factor hindering early detection and adherence to treatment, thus hindering the goal of tuberculosis elimination.

Based on the above description, it is clear that the implementation of Presidential Regulation Number 67 of 2021 has shown a direction consistent with the objectives of the regulation, particularly through increasing case detection, expanding access to treatment, strengthening the surveillance system, and developing innovative therapies and vaccines. However, its effective implementation still requires strengthened coordination between the central and regional governments, equitable access to health services, increased health resource capacity, and enhanced community participation. Therefore, the primary challenge in implementing tuberculosis control policies in Indonesia lies not in the availability of a regulatory framework, but rather in consistently enforcing established legal norms to optimally achieve the target of tuberculosis elimination by 2030.

The Suitability of the Implementation of the Tuberculosis Control Policy Reviewed from a Human Rights Perspective, Especially the Right to Health

The right to health is measured not only by the existence of laws and regulations governing it, but also by the extent to which these policies are effectively implemented and thus provide real protection for the community. Therefore, assessing the implementation of tuberculosis control policies is not sufficient simply by observing the government's fulfillment of administrative obligations; it must also assess whether the implementation of these policies has guaranteed the fulfillment of the right to health as a fundamental human right. (Parsa & Hufron, 2026)In this context, the success of policy implementation is demonstrated not only by increasing the number of government regulations or programs, but also by the state's ability to provide equitable, high-quality, and sustainable health services to the entire population.

To assess the suitability of the implementation of the policy, this study uses indicators for the fulfillment of the right to health developed by the United Nations Committee *on Economic, Social and Cultural Rights* , namely *Availability* , *Accessibility* , *Acceptability* and Quality, or known as the AAAQ principles. (Nation, 2000)These four indicators are parameters used to assess whether the state has fulfilled its obligation to provide health services that are available, accessible to all levels of society without discrimination, acceptable according to ethics and community needs, and of adequate quality. Based on this framework, the suitability of the implementation of tuberculosis control policies in Indonesia will be analyzed to determine the extent to which the policies implemented are able to realize the fulfillment of the right to health as guaranteed by the constitution and human rights instruments.

a. *Availability* Principle

   The principle *of availability* requires the state to provide adequate health facilities, goods, and services to meet the needs of the community. In the context of tuberculosis control, this obligation includes the provision of health care facilities, diagnostic laboratories, anti-tuberculosis drugs, health workers, and supporting examination facilities as part of fulfilling the right to health. The implementation of Presidential Regulation Number 67 of 2021 demonstrates that the government has strived to fulfill this principle by strengthening the role of community health centers (Puskesmas), increasing the capacity of Molecular Rapid Test (TCM) laboratories, providing anti-tuberculosis drugs, improving the competence of health workers, distributing portable x-rays for *active case finding* , and developing therapies and clinical trials of tuberculosis vaccines as a strategy towards TB elimination by 2030.

   Strengthening these facilities contributes to increasing the capacity of health services to detect and treat tuberculosis cases. This is reflected in the increasing number of cases detected, from 724,309 in 2022 to 821,200 in 2023. By early 2025, approximately 889,000 cases had been detected, reaching approximately 81% of the national target of 1,092,000 cases. These data demonstrate that the provision of diagnostic facilities, healthcare workers, and the healthcare system has improved the government's capacity for early detection and expanded the scope of tuberculosis control services.

   From a health rights perspective, increasing the availability of these facilities does not fully meet the principle *of availability* . Indonesia still faces an estimated one million cases of tuberculosis each year, with a death toll of approximately 125,000–136,000. This situation indicates that the capacity of health care facilities, laboratories, health workers, and diagnostic facilities is not yet fully capable of meeting the needs of the community in all regions. The gap in service availability, particularly in remote and island areas, remains a challenge that must be addressed so that the state can fulfill its obligation to provide adequate and equitable health services to all .

b. *Accessibility* Principle

The principle *of accessibility* requires that everyone can access health services without discrimination, whether in physical, economic, or informational aspects. In tuberculosis control, accessibility is measured not only by the availability of health care facilities, but also by the ease with which the public can obtain examinations, diagnoses, treatment, and health information equitably. To achieve this, the government has provided free TB diagnosis and treatment services, strengthened the role of community health centers (Puskesmas) as primary health care providers, expanded *active case finding* and close contact tracing, and utilized Molecular Rapid Test (TCM) technology, portable x-rays, and integrated primary health care services to accelerate case detection and management.

These various policies have improved public access to healthcare services, as demonstrated by the increase in the number of detected cases, from 724,309 in 2022 to 821,200 in 2023, and approximately 889,000 cases had been detected by early 2025. However, this achievement remains below the national target of 1,092,000 cases, indicating that there are still undiagnosed tuberculosis patients who have not received healthcare services. This situation indicates that access to healthcare is not fully equitable, primarily due to the unequal distribution of healthcare facilities and medical personnel, Indonesia's vast geographic area, and limited transportation access in remote and island areas.

From a right-to-health perspective, the implementation of tuberculosis control policies reflects the state's efforts to expand access to healthcare services through the provision of free services, strengthening early detection, and ensuring equitable distribution of services. However, the principle of accessibility remains far from optimal due to persistent disparities in access between regions, unmet case detection targets, and persistent stigma that discourages some people from seeking medical examinations or undergoing treatment. Therefore, the state needs to continue strengthening equitable healthcare services, expanding coverage to remote areas, and intensifying public education to ensure everyone has access to healthcare without barriers and discrimination .

c. Principle of *Acceptability*

The principle *of acceptability* requires that health services be provided with respect for human dignity, uphold professional ethics, consider social and cultural values, and protect patient rights. In the context of tuberculosis control, this principle is realized through health promotion, public education, protection of patient confidentiality, and prevention of all forms of stigma and discrimination against tuberculosis sufferers. Therefore, the success of TB control depends not only on the medical aspect but also on public acceptance of the health services provided.

The government has implemented various efforts to increase public acceptance of tuberculosis control programs. One such initiative is the World Tuberculosis Day campaign, commemorated every March 24th, as a momentum to raise public awareness about symptoms, transmission, prevention, and the importance of complete treatment. In 2025, the Ministry of Health adopted the national theme GIATKAN (Indonesian Movement to End Tuberculosis with Commitment and Real Action), which emphasizes the importance of joint action, sustainable investment, and the involvement of all elements of society in supporting tuberculosis elimination. These various health promotion activities demonstrate the government's commitment to building public understanding and increasing public participation in TB control.

From a human rights perspective, barriers remain that impact access to healthcare. The stigma surrounding tuberculosis remains high, leading many people to hesitate to seek medical attention

for fear of discrimination or job loss after being diagnosed with TB. This delay in diagnosis and treatment for some patients increases the risk of community transmission. Therefore, in addition to ensuring patient confidentiality, the government must also continue to strengthen public education and foster a social environment free from discrimination, ensuring everyone feels safe accessing healthcare services.

d. *Quality*

The principle *of quality* requires that health services be provided according to professional standards and supported by competent health workers, adequate facilities, accurate diagnostic methods, safe and effective medications, and a service system capable of ensuring successful treatment. In tuberculosis control, service quality is a determining factor in the success of early detection, accurate diagnosis, continued treatment, and prevention of disease transmission in the community.

The implementation of Presidential Regulation No. 67 of 2021 demonstrates the government's continued efforts to improve service quality by strengthening the tuberculosis surveillance system, utilizing *Molecular Rapid Test* (TCM) technology, developing shorter and more effective treatment regimens, and increasing the capacity of healthcare workers. Furthermore, the government is encouraging research and innovation by conducting clinical trials of several tuberculosis vaccine candidates as part of the national strategy toward TB elimination by 2030. These various steps demonstrate the government's commitment to improving the quality of healthcare services in line with advances in science and technology.

Improved service quality is also reflected in the increasing number of patients receiving treatment. The number of patients initiating treatment increased from approximately 635,000 in 2022 to approximately 722,000 in 2023. This increase demonstrates that the healthcare system is increasingly capable of reaching tuberculosis patients and providing treatment more broadly. However, the high death rate from tuberculosis, which still reaches approximately 125,000 to 136,000 people annually, indicates that improvements in service quality have not been able to significantly reduce the burden of the disease.

quality indicators , the implementation of tuberculosis control policies has shown positive progress through strengthening diagnostic standards, improving treatment quality, developing innovations, and improving surveillance systems. However, the high mortality rate and the failure to achieve the elimination target indicate that the quality of health services still needs to be improved, particularly in terms of equitable service quality, accelerating diagnosis, improving treatment success, and strengthening health service innovation throughout Indonesia.

Based on the four indicators above, the implementation of tuberculosis control policies in Indonesia has demonstrated alignment with the perspective of the right to health as a human right. This is reflected in the increasing number of tuberculosis case notifications, the increasing number of patients receiving treatment, the strengthening of surveillance systems, the development of diagnostic technology, and the government's commitment to developing vaccines and therapeutic innovations as part of the national tuberculosis elimination strategy. However, the implementation of these policies has not been fully able to optimally fulfill the right to health. The persistently high death rate from tuberculosis, the failure to achieve national case detection targets, the unequal access to health services in various regions, and the persistent stigma against patients indicate a gap between legal norms and the reality of implementation. These conditions indicate that the various policies that have been implemented have not fully provided equal protection for all members of society.

4. Conclusion

Based on the discussion above, the conclusions of this study are:

a. Legal regulations regarding tuberculosis control in Indonesia are adequately grounded in the 1945 Constitution of the Republic of Indonesia, Law Number 39 of 1999 concerning Human Rights, Law Number 17 of 2023 concerning Health, and Presidential Regulation Number 67 of 2021 concerning Tuberculosis Control. Presidential Regulation Number 67 of 2021 serves as the operational foundation that integrates the national tuberculosis control strategy through strengthening early detection, treatment, surveillance, health promotion, and cross-sector collaboration. Its implementation has shown positive results, marked by an increase in case notifications and the number of patients receiving treatment. However, the national case detection target has not been fully achieved, and various obstacles remain in the distribution of services and the effectiveness of program implementation.
b. The implementation of tuberculosis control policies is aligned with human rights perspectives, particularly the fulfillment of the right to health, as it reflects the state's obligation to provide health services, expand access to diagnosis and treatment, improve service quality, and develop innovations in tuberculosis control. However, the fulfillment of the right to health has not been optimally implemented due to the persistently high death rate from tuberculosis, the failure to achieve case detection targets, unequal access to health services across various regions, and the persistence of stigma and discrimination against tuberculosis sufferers.

Suggestion

a. The central and regional governments need to strengthen the implementation of Presidential Regulation Number 67 of 2021 concerning Tuberculosis Control by increasing equitable access to health services, strengthening the capacity of health care facilities and health workers, optimizing early detection, and strengthening cross-sectoral coordination so that the 2030 tuberculosis elimination target can be achieved effectively.
b. The government needs to ensure the fulfillment of the right to health for all people through the provision of non-discriminatory tuberculosis control services, increasing health education and promotion to reduce the stigma against tuberculosis sufferers, and strengthening oversight of policy implementation so that every citizen has access to quality, equitable, and just health services.

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