



ABSTRACT

Title of Abstract : Analysis Of Health Equity And Access Of Healthcare In Indonesia
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Background : Health care systems around the world implement policies and interventions to improve access to health care for marginalized populations. Health care organizations must consider equitable access to care, regardless of factors such as gender, socioeconomic status, ethnicity or disability. Timely access to quality care is a fundamental ethical principle. By promoting equitable distribution of resources, health care organizations can reduce disparities and provide a fair opportunity for all individuals to receive needed health care (Lelyana, 2023). Public health policies should ensure equality of access to health services and equity in the distribution of health resources. This involves identifying and addressing health disparities that may arise from social, economic or demographic factors (Indarwati et al, 2024). Health equity is fundamental to the idea of living a good life and building a vibrant society because of its practical, economic, and civic implications. Shifts in economic mobility, income inequality, and persisting legacies of social problems such as structural racism are hampering the attainment of health equity, causing economic loss, and most overwhelmingly, the loss of human lives and potential (Weinstein et al, 2017). Health equity is the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstances. Health equity and opportunity are inextricably linked. (Weinstein et al, 2017) The committee took a multifactor view of health status and health inequities, in recognition that only some aspects of a person's health status depend on individual behaviors and choice. Community-wide problem, such as poverty, unemployment, low educational attainment, inadequate housing, lack of public transportation, exposure to violence, and neighborhood deterioration (social or physical) shape health and contribute to health inequalities (Weinstein et al, 2017). To truly eliminate health disparities and thereby achieve health equity, many solutions require a social justice lens (Smalley et al, 2021). Meanwhile, health equality is the achievement of the highest level of health for all people. To achieve this health equality, everyone needs to respect social equality (Siregar dan Rahman, 2022). Indonesia is an archipelagic country consisting of 17,374 islands, with an area of 1,892,410.1 km². The large number of islands in Indonesia with various tribes, cultures and languages poses its own challenges in the government's efforts to provide health services for the Indonesian people (Ministry of Health, 2024). The level of public health in a country can be influenced by the existence of health service facilities. Health service facilities are entities that deal directly with the community. Primary Health Care and hospitals are still the main types of health services that provide basic and referral health services. The number of Primary Health Care in Indonesia in 2023 will be 10,180 Primary Health Care, consisting of 4,210 inpatient health centers and 5,970 non-inpatient health centers. The number of hospitals in Indonesia in 2023 will be 3,155, consisting of 2,636 general hospitals and 519 special hospitals. The number of posyandu in Indonesia in 2023 will be 304,263 posyandu spread throughout the region (Ministry of Health, 2024). The large number of health facilities available raises the question of whether they are able to provide the best medical services and can be accessed by all levels of society Based on the description above, it needs to be analyzed health equity and access of healthcare in Indonesia.

Objective : This article provide a review of the analysis health equity and access of healthcare in Indonesia. previous research or taking secondary data from various sources.