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The Implementation of Special Autonomy in The Papua Province in Public Health Policies in Order to Strengthen The Unified Republic of Indonesia

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ABSTRACT

The Province of Papua is a province in Irian Jaya which is later changed to Papua Province. It is granted a special autonomy within the framework of the Unified Republic of Indonesia. The special autonomy is a special authority recognized and granted by the central Indonesian government to the provincial government of Papua to regulate and manage the interest of local people according to their own initiatives based on the aspiration of the Papua people. The method of this research was a descriptive empirical law. The sources of data research used were both primary and secondary data. Based on the result of the study, it could be concluded that the implementation of the special autonomy law in Papua is basically a special authority recognized and given for the province of Papua to regulate and manage their own household affairs. The special autonomy of Papua is a rule or a policy given by the Indonesian central government to the Papua province in order to increase the efforts in various aspects, namely education, health, and infrastructure using a special autonomy.

Keywords: Implementation, Special autonomy, Unitary state

INTRODUCTION

Background

According to the 1945 Constitution of the Unified Republic of Indonesia, (*Undang-Undang Dasar Tahun 1945*), the system of the Unified Republic of Indonesia (*Negara Kesatuan Republik Indonesia*) recognizes and respects the unity of the regional government which is special. The political decision to unify Papua (formerly called the West Irian Jaya then renamed Irian Jaya) as part the Unified Republic of Indonesia, in essence, contains noble ideals of the nation. Though in reality, numerous policies in the management of the centralized government and its development do not fully satisfy the sense of fairness. The chance to achieve the welfare for the people of Papua, especially in Health, is still low. Therefore, it does not fully support the realization of law enforcement as the framework of the Unified Republic of Indonesia in the province of Papua [(1)].

Recently, there was an Extraordinary Phenomenon (*Kejadian Luar Biasa* or KLB) which surprised the world, even the United Nations raised a comment. This extraordinary phenomenon occurred to the Asmat tribe, one of the largest tribes in the special autonomy government of Papua.

The extraordinary phenomenon was the outbreak of measles and starvation in the community which has been awarded the special autonomy from central government in Jakarta. This surely rose a lot of questions, for example on the accuracy in spending the large amount of special autonomy fund in Papua. The interesting thing was that these large funds became the obstacle for the development of Papua itself. In fact, the large amount of funding and the special status from the central government became the problem for the people of Papua, especially in the implementation of public health funding policies which was very minimal. It was proved by the outbreak of measles and malnutrition of the Asmat people in Papua [(2)].

Some obstacles in the development of special autonomy must be admitted, as it is not only in the Health sector, but there are some serious problems which will raise the spirit of disintegration of the Papua people toward the government of Indonesia if left ignored. It will certainly jeopardize the strength of the Unified Republic of Indonesia [(3)].

In reality, the Papua local government is not yet ready to accept and to take over the authority, the resources, the duties, and the responsibilities from central government in determining health policies in its region as a mandate from the Law of Special Autonomy. Their capacity and capability of leadership are not yet ready to assume and to carry the authority, the duties and the responsibilities given by the central government. [(4)]

The fundamental problem is that even though the special autonomy fund is huge, it reaches more than 12 trillion and always increases annually, the health policy does not go well. The administrators of the funding in this special autonomy are not capable, hence, the basic status of the special autonomy to increase the welfare of the people of Papua in terms of development and health cannot be achieved until now [(5)]. Moreover, after the outbreak of measles and malnutrition in Papua, the Head of the Indonesian Legislative Assembly and the vice-president of Indonesia stated that the funding for Papua should be reviewed. This statement is led by the allegation of the special autonomy fund misusage in which its utilization should prioritize the development of Health.

As another point of fact, the health quality of the Papua people is really poor. It was proved by the extraordinary phenomenon. Hence, it could trigger the momentum of separatist movements in disrupting the unity in Indonesia which has been discussed for so long [(6)].

The form of the Unified Republic of Indonesia (Negara Kesatuan Republik Indonesia) is explicitly stated in the UUD 1945 Article 1 Paragraph 1, both before and after the amendment. It is stated that, "Indonesia is a Unified State in the form of a Republic" ("*Negara Indonesia ialah Negara kesatuan, yang berbentuk Republik*"). Another affirmation is the third principle of Pancasila, "The Unity of Indonesia" ("*Persatuan Indonesia*"). The Unitary State is single monocentric state (it only has one center). This single state has one government, one head of the state and one legislature which applies to all regions of the country [(7)]. The activities of the state, both internal and external, are managed by one government who has a unified step, whether it is the central or the regional government. The unitary state is a state which has an independence and a sovereignty over the entire region and is fully held by one central government [(8)].

The unitary state is formed on the basis of Unitarianism. The Unitarianism is the habitual exercise of supreme legislative authority by one central power. Its principle is that the holder of the highest authority over all state affairs is the central government, without any interference due to authority delegation or authority transfer of the local government [(8)]. The Unitary state base is that the affairs of the state are not divided between the central and the local government.

The justice in this case is not yet achieved, especially in terms of Health, so automatically, the welfare of the people is also not yet attained. If the welfare is not attained, the next problem will be the threat of disintegration. The antipathy of the Papua people was already developed since the existence of the numerous separatist movements and it will worsen the feeling of disintegration. That is because of the incapability of the Papua people themselves who are on the board of the special autonomy government in managing the health of their own people, since they are careless in allocating the large amount of special autonomy fund.

Health policy is made of various kinds of decisions which are created by the people of that responsibility, to make and to act on health problems. Its policies are arranged in every level from the lowest to the highest, both private and state [(9)].

Based on the Constitution number 36 year 2009 about Health, it defines that Health is a healthy condition, physically, mentally and spiritually, as well as socially which allows everyone to live productively socially and economically.

The Constitution of Health article 5 stated that everyone has the same right to obtain the same degree of health. In the article 14, it is added that the government has the responsibility to plan, to regulate, to organize, to assist, and to supervise the execution of health efforts to be evenly distributed and to be affordable by the people.

METHODS

The method of the study is the most important part of a study, because it is a direction and instruction for it [(10).] This study used a literature study technique or more popularly called normative study.

RESULTS

The Implementation of Special Autonomy in Papua in Public Health Policy in order to Strengthen the Unified Republic of Indonesia

Based on the Constitution number 23 year 2014 Article 1 paragraph 6, it is stated that the local autonomy is a right, an authority and an obligation of the autonomous region to regulate and to administer their own governmental affairs, their own interest of the people in accordance with the Laws and the regulation [(11)]. Through the local autonomy, the central government gives a direct discretion for the local government to develop its own potentials to achieve the welfare and the productivity of the people in the region through the healthy condition of the people.

The enactment of the special autonomy policy in Papua is expected to accelerate the development of public health in Papua. Hence, Papua could be equal with the other provinces, considering that it is an underdeveloped region geographically and politically. In essence, the special autonomy for Papua is a special authority which is recognized and it is given to the designated province and its people to regulate and to administer their own affairs in the framework of the Unified Republic of Indonesia [(12)].

A special authority means giving a bigger responsibility to the province and the people of Papua to organize the government and to maximally regulate the utilization of the special autonomy fund and health fund for the purpose of the Papua people's welfare. As the result, if the people of Papua are healthy, they could be more productive to strengthen the Unified Republic of Indonesia as a part of the Indonesian people [(13)].

However, the field facts showed that the Health system management in Indonesian borders, especially in Papua, are so far ineffective and unaccountable. There were quite number of cases where drugs, goods or foreign people (in this case Papua Nugini) were smuggled freely without any health quarantine offices, which makes the risk of a disease outbreak higher. And until now, this matter has not yet received serious attention.

The approach used in managing the border area is that it is only considered as an outermost defense line of the country and an approach to the health of the people there are ignored.

Some issues and problems in strengthening the border area include the following aspects [(14)]:

1. The policy does not side the border area and the isolated area;
2. Lack of effectiveness in the national strategy to develop the border area;
3. The idea that the border area is a backyard;
4. The limited number of local facilities and infrastructures which results to poor accessibility;
5. The low quality of Human Resources;
6. Numerous activities of traditional border crossing and smuggling;
7. The poor cooperation between countries to handle the law violations in the border area.

The Unified Republic of Indonesia is a country with a vast area coverage and consists of many big or small islands. With this kind of area, Indonesia has numerous and lengthy border areas. It needs more effort to manage the border area, hence, the sovereignty and the health of the people are guaranteed. Finally, the recent case of the extraordinary phenomenon which happened to the Asmat people will not be repeated.

Obstacles in the Implementation of the Special Autonomy in the Field of the Public Health Policy in Papua Province in order to Strengthen the Unitary Republic of Indonesia

The granting of special autonomy to Papua depicts that the said granting was motivated by state recognition of two crucial points, *First*, the government acknowledges that up to the time that special autonomy law was formed, there were problems in Papua which had not been resolved. The main issue is the Public Health in Papua stands in the lowest level compared to the rest of the provinces in Indonesia. *Second*, the government acknowledges that there has been an error in the policy which was agreed that what has been implemented in Papua has not reached the sense of justice, nor has it enabled the attainment of prosperity, law enforcement, and respect towards human rights of Papua citizens in particular.

The aim of the granting the special autonomy to Papua was known to resolve the root problems in Papua according to what the Papua citizens aspire. The substance of the special autonomy law in Papua does not cover the effort of resolving all the root issues in Papua. The special autonomy law in Papua can only be applied as a normative instrument to resolve the root issues of "discrepancy, equal opportunity, and protection of basic rights and human rights". Specifically, the special autonomy law stated that the aim of granting the special autonomy was to minimize the discrepancies between Papua and other provinces, to improve the living standard of Papua citizen, and also to give opportunities to native citizens of Papua. The essential values used as the basis of implementing the special law autonomy are of protection and respect towards ethics and morals, the basic rights of the natives, human rights, law supremacy, democracy, pluralism, and equality of positions, rights and obligations as citizens.

The special autonomy law of Papua is a regulation or policy which is granted by the Central Government in order to increase the development of various aspects with four main priorities, namely economy, health, education, and infrastructures. Philosophically, the special autonomy was constructed as a way to make Papua equal with other provinces in Indonesia also as an act to protect the basic rights of the native Papua citizens whose rights started were neglected and marginalized in the field of health-related policies since Papua was integrated with the Republic of Indonesia.

The weakness in implementing the special autonomy, stated by former rector of Cendrawasih University, Berth Kambuaya and head of MRP (Council of Papua Citizens), Agus Alua is that the implementation of the special autonomy in Papua is not yet effective in increasing the prosperity of the majority of Papua citizens who are still poor and who have suffered from famine, also the special autonomy funds seem to have not thoroughly reached all citizens in Papua. Berth Kambuaya mentioned that there are at least four things causing the special autonomy law to not meet the citizens' expectations which include, the lack of law reinforcement (provincial and special regional regulations), the lack of consistency of the government functions, the lack of sufficient human resources and the limited governmental facilities [15].

The lack of human resources is indicated by the mentality of workers and policy makers in the health sector who are ignorant of improving public health and are barely doing improvements. They are giving services limited to their main tasks and functions which affects numerous health service places, hence they do not function properly and that there is some lack loyal health workers who are willing to do health service tasks on such challenging grounds in regions of Papua. On such conditions, it is not surprising that the extraordinary phenomenon (a status in Indonesia which applies to a condition where there is an epidemic outbreak), appears in the environment of the tribes in Papua. For example, the extraordinary phenomenon in Asmat Tribe which recently became a national and international issue.

Obstacles which arise and interfere with the effectivity in implementing the said special autonomy would further be explained as below [1]:

1. *First*, the delayed issue of Government Regulations (PP/*Peraturan Pemerintah*) Number 54 Year 2004 regarding the formation of the Council of Papua Citizens.
2. *Second*, the lack of rule implementation in the form of *Perdasi* and *Perdasus* (laws and regulations which only applied in Papua and are similar to Regional Regulations).
3. *Third*, the lack of consistency for the protection of complete health rights in Papua. It should be recognized that the implementation of special autonomy law will not necessarily bring a significant change in health policies which are comprehensive and complete in Papua.
4. *Fourth*, regional expansion conflict. This arises due to the government's haste in executing the policies of regional expansion which are originally intended to increase the effectiveness of the function of government services, and to equalize the development and improvement of health services in the Papua region.
5. *Fifth*, the lack and limitation of Papua's human resources (SDM) in responding to greater authorities and obligations as contained in special autonomy law of Papua.

Various constraints to the implementation of special autonomy law for Papua Province as described above reveals that the success rate of the special autonomy implementation in responding the demands and necessities of the citizens for a better implementation of health services in Papua compared to the past also to restrain the urge and demand to be independent, not only depends solely on central government but are so strongly related to the capability and support from the Papua regions.

Extraordinary Phenomenon of Famine and Outbreak of Disease in Asmat Tribe in Papua as an Example of the Special Autonomy Failure in the Field of Health Policy in Papua

Constitutional Mandate Number 36 Year 2009 and the theory of Health Policy has clearly stated that constructing Health Policy which is capable of increasing the Citizens' Productivity is the responsibility of the central and the regional governments both with private and governmental institutions themselves, which concludes that the extraordinary phenomenon which was the occurrence of famine, malnutrition, and outbreak of disease in Asmat tribe in Papua was a dark example on how the said public health policy system does not function properly.

Health system problems in Papua are complicated and as complex as the human rights violations and the political issues. Aside from the same old reason that the geographical access to Papua is limited and challenging, another reason is that human resources in health services alongside with health facilities are both inadequate, resulting poor health service with inappropriate methods. [9]

There are 4 systematically chronic problems on Public Health Policy in Papua, such as: [9]

1. The lack of Human Resource in Health Services;
2. The lack of Health Facilities;
3. Poor service quality by medical workers;

4. Improper Service Approach

The weaknesses of the public health policy issue in Papua based on the four observation points above are that the first and second points are strongly related to the policy maker who is the Papua regional government, the amount of budget for public health for Papua—which is still supplemented with the health funds in the special autonomy budget yet in reality there are not many health facilities nor medical workers in Papua. For the third and the fourth points, they are in fact more related to the human aspect, namely those who serve in the field including all health workers namely doctors, midwives, and nurses alongside with all health workers. They are in fact incapable in prioritizing the satisfaction of patients, there are a lot of complaints of the medical workers' hostility which makes Papua citizens reluctant to consult to the medical staff. Instead, there is some kind of hatred which is associated with the politics towards the thoughts of separatism by Papua citizens who don't serve in government on becoming a civil worker in health sector [(16)].

The handling of health issues in Papua does not currently use the right method, which results in the failure of the public health policy in Papua in creating a healthy society from year to year, it is due to the medical staffs that follow the government policy in the health sector which are curative or curative action in which these models are actually improper to be applied in Papua as Papua citizens are culturally vulnerable toward the new things which are potentially destructive to their health lives.

Papua citizens have limited knowledge and education yet they experienced a leap of civilization which was beyond their simple mindsets, which is why a preventive approach would be suitable to be applied to these kinds of people as it was once applied by the Dutch East Indies government that because of the ceaseless health education which prioritizes humanism from the missionaries it made the amount of outbreaks of diseases very minimal and had never reached the extraordinary phenomenon level. Instead, on the modern era as today, where the mindset of Papua citizens is still modest and still of the same way as when the Dutch colonized Papua, the new government—Indonesia applies curative policy based only on doing treatments after an incident and not prioritizing the promotion of humanist health education or preventive approach. [(17)]

Special Autonomy Implementation Solutions in Papua Province in Public Health Policy in Order to Strengthen the Unified Republic of Indonesia

The existence of a greater authority with the enactment of special autonomy is expected to be able to become a solution for citizens who have been marginalized by development, especially in the field of Public Health for Papua Province citizens. However, in reality there are various development issues which surfaced as if they became unsolvable problems through implementation of special autonomy laws.

The enactment of this policy is considered by some to not bring significant changes to the implementation of government functions in health policies, in terms of health services (service), building health facilities and developing the mindset of Papua citizens (development), and empowering the citizens in the field of health policy according to the standard of the health policy which applied in Java (empowerment).

The implementation of special autonomy of Papua in the field of Health Policy contains few crucial issues including [(16)]:

1. Dissimilarity in understanding and a unified perception; there are positive and negative responses, one of the negative responses is of the low awareness of Papua citizens of how important the doctors and paramedics are when they fall ill;
2. A mistrust between Papua citizens and the central government. This is because there are still human right violations and intimidations towards the Papua citizens, which has resulted in deep disappointment. So, the Papua citizens choose to avoid the government's health institutions like hospitals, Public Health Centers (*Puskesmas/Pusat Kesehatan Masyarakat)*, and avoid governmental health programs such as immunizations and Integrated Service Posts (*Posyandu/Pos Layanan Terpadu*);
3. The unreadiness of the regional government issue. This is shown by the quality of the existing human resources. There are many medical workers who work only to spend the working hours without the initiative to attract the society's interest to visit health facilities as well as the governmental programs in the health sector, apart from the society's fear of negative stigmas which have been developed. [(18)]
4. The government needs to evaluate the impact of implementing the special autonomy, as it has not benefited the majority of Papua citizens so far, especially in the public health sector of the Papua Province, because it is indicated that there are the alleged acts of the irrelevant use of the special autonomy funds for the interests of the small group of elites who rule Papua. Thus, the large amount of health funds added with the Papua Province's special autonomy funds are mistargeted. The special autonomy policy will have a meaning to the citizens if the experience justice, especially to enjoy the products of their natural resources.

DISCUSSION

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CONCLUSION

1. The large amount of the special autonomy funds added with the health funds are not yet correctly allocated and tend to be corrupted by the policy executors in some areas, making the extraordinary phenomenon which happened to the Asmat tribe repeat itself to other Papua citizens in common.
2. The lack of human resources and the dedication of the executors of the Public Health policy in Papua creates countless numbers of health problems as the cases of famine and disease outbreaks has been repeated over and over in Papua.
3. The extraordinary phenomenon case is marked by the unsatisfactory quality of public health in the Papua Province, which is often repeated, making the disintegration spirit promoted by the separatist organizations disturb the sovereignty of the Unified Republic of Indonesia in Papua, which may influence the Papua citizens to support this movement.

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