INTERNATIONAL JOURNAL OF NUSANTARA ISLAM
ISSN : 2355-651X

Universal Health Insurance in Law and Public Policy Perspective: A Comparative Study of Indonesia, the Philippines, and Malaysia

Aprisia Nestnyta Waworuntu[1*], Sherwin Farell Manueke[2], Ahmad Ma'mun Fikri[3]

[1,2,3] Universitas Islam Nusantara, Bandung, Indonesia

[*] Corresponding Author, Email: aprwaworuntu@gmail.comm

Received: June 5, 2025, *Revised:* June 12, 2025, *Accepted:* June 30, 2025,
Published: July 1, 2025

Abstract: This study provides a comparative analysis of the implementation of universal health insurance laws in Indonesia, the Philippines, and Malaysia within the frameworks of health law and public policy, grounded in Universal Health Coverage principles. Employing a normative legal methodology—incorporating literature reviews and comparative legal analysis—the paper examines the regulatory frameworks, institutional governance, and implementation mechanisms of BPJS Kesehatan (Indonesia), PhilHealth under the Universal Health Care Act (Philippines), and the tax-funded public healthcare system in Malaysia. The findings reveal distinct institutional approaches: mandatory social health insurance in Indonesia, automatic enrollment in the Philippines, and tax-financed direct service provision in Malaysia. Effectiveness depends not only on coverage and financing but also on regulatory design, governance quality, and accountability. Key challenges include contribution compliance, fraud risks, and fiscal sustainability. The study recommends strengthening regulatory integration, institutional transparency, and national health information systems, while emphasizing social equity and accountability to safeguard the right to health. This report contributes to the field of comparative health law by highlighting regulatory coherence, governance, and fiscal capacity as critical factors for the effectiveness of Universal Health Coverage in Southeast Asia.

Keywords: comparative health policy; health law; public policy; right to health; universal health coverage.

Introduction

The right to health has long been recognized as one of the most fundamental human rights, as it is directly related to human dignity, survival, and quality of life. Within the modern framework of the welfare state, the fulfillment of the right to health is no longer viewed solely as an individual responsibility, but rather as a collective obligation that must be guaranteed by the state through structured and sustainable public policies (Garland, 2014). In this context, the state acts not only as a regulator but also as a system organizer that ensures every citizen has equitable access to health services. Recent studies have shown that a strong health system is a crucial foundation for a country's social stability and economic development, as good public health directly contributes to productivity and social well-being (Lakioti et al., 2025). Therefore, health policy cannot be separated from the broader legal framework and public policy that aims to create social justice and protection for all citizens.

In the Indonesian context, guarantees of the right to health have a strong constitutional basis. Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia affirms that everyone has the right to obtain health services and a good and healthy living environment, while Article 34 paragraph (2) mandates that the state is obliged to develop a social security system for

all citizens (Wicaksono & Hantoro, 2023). Both constitutional provisions place the state as the primary actor responsible for ensuring equitable and fair access to health care. In the development of public policy, this constitutional mandate is realized through various legal instruments, including the National Health Insurance system which aims to provide health protection for all Indonesians. However, the existence of a comprehensive legal framework does not automatically guarantee the effectiveness of policy implementation in the field. Several studies have shown that many countries with relatively advanced health regulations still face challenges in implementing universal health policies due to the complexity of governance, limited resources, and political and social dynamics that influence the national health system (Kodali, 2023).

In global health policy discourse, the concept of universal health insurance, or Universal Health Coverage, has been one of the most dominant paradigms over the past two decades. This concept emphasizes that every individual should have access to necessary health services without facing excessive financial hardship. International health organizations emphasize that an insurance-based health financing system is a key pillar in achieving universal health coverage, as it enables collective risk-sharing through premium pooling and the redistribution of health resources (Han & Zhang, 2025). Through this system, health costs, previously burdened by individuals, can be distributed more equitably within society, ensuring that economically vulnerable groups retain access to adequate health services. From a health economics perspective, risk-pooling mechanisms and social solidarity are essential foundations for the sustainability of an inclusive and equitable national health system (Baute & de Ruijter, 2022).

Beyond its health dimension, a universal health insurance system also has broad implications for social and economic development. Various international studies have shown that high healthcare costs are a major factor pushing households into poverty (Rahman et al., 2022). Without adequate financial protection, families facing serious illnesses often have to sacrifice their economic assets to pay for treatment, exacerbating social inequality within society. In this context, a universal health insurance system functions not only as a health instrument but also as a social protection mechanism capable of reducing the community's economic vulnerability to health risks (Yokobori et al., 2023). Therefore, the successful implementation of a health insurance system has strategic consequences for national development, as it is closely linked to poverty reduction, improved social welfare, and long-term economic stability.

However, the implementation of universal health insurance systems in various countries is not without structural and institutional challenges. These challenges are often related to the complexity of health system governance, limited funding, and coordination between institutions involved in the system. In the Indonesian context, several studies have shown that the implementation of the National Health Insurance (JKN) still faces various issues related to sustainable financing, participant compliance, quality of health services, and mechanisms for monitoring and resolving disputes between participants, providers, and health care facilities. This situation indicates that despite the legal framework being in place, policy implementation still requires strengthening in terms of regulations, institutional governance, and coordination between sectors involved in the national health system (Bogale et al., 2024).

These implementation issues also reflect the gap between ideal legal norms and the reality of policy practice on the ground. In legal and public policy studies, this phenomenon is often referred to as the implementation gap, a condition in which normatively designed regulations cannot be fully implemented effectively in practice. This gap can be caused by various factors, ranging from regulatory ambiguity and weak institutional coordination to limited administrative capacity in implementing public policy. Several recent studies have shown that the successful implementation of a health insurance system depends not only on sound policy design but also on the quality of governance, institutional transparency, and accountability mechanisms that ensure that health policies are implemented effectively and equitably (Goktas & Grzybowski, 2025).

In a regional context, Southeast Asian countries have developed health insurance systems with diverse approaches, tailored to the characteristics of their respective political, economic, and social systems. The Philippines, for example, adopted a universal coverage approach through the Universal Health Care Act, which automatically enrolls all citizens in the national health insurance system (Bautista et al., 2022). This approach is designed to expand health coverage while strengthening integration between health financing and public health services.

Meanwhile, Malaysia has developed a health system primarily funded through public taxes, supported by insurance schemes for select groups. This model allows the government to maintain strong control over health care provision while ensuring relatively equitable access to services for the public (Agbeyangi & Lukose, 2025).

These differences in policy approaches demonstrate that no single model can be universally applied to the implementation of health insurance systems. Each country develops a health system influenced by its institutional history, fiscal capacity, and the political and social dynamics that prevail in society (Tok et al., 2022). Comparative research is important in health law and public policy because it enables the identification of best practices and provides insight into how different countries address similar healthcare challenges. However, research comparing the legal frameworks, governance structures, and dispute resolution mechanisms of health insurance systems in Indonesia, the Philippines, and Malaysia remains limited. Existing studies tend to emphasize economic or general health policy issues, while legal and institutional dimensions receive less attention. This study therefore examines universal health insurance from a comparative legal and policy perspective, focusing on regulatory frameworks, implementation challenges, governance, oversight, and dispute resolution in the three countries. It aims to identify legal gaps and develop policy recommendations for strengthening Indonesia's national health insurance system. The study is expected to contribute academically by enriching comparative health law literature and practically by supporting policymakers, insurance providers, and healthcare institutions in developing transparent, equitable, and sustainable systems. Ultimately, stronger legal certainty, accountable governance, and effective dispute resolution are essential to ensuring that universal health coverage provides substantive protection of the right to health and promotes social justice.

Method

This research employs a normative juridical approach with literature review and comparative analysis methods. This approach was chosen to examine the legal framework, public policy, and the dynamics of the implementation of the universal health insurance system from a legal and health policy governance perspective. The normative juridical approach allows for an in-depth analysis of legal principles, regulatory structures, and the relationship between legal norms and public policies governing the implementation of the health system (Kang et al., 2025). Through this approach, the research seeks to understand how regulations, institutions, and policy mechanisms shape the implementation of health insurance in various countries. A comparative analysis is then used to compare the legal arrangements and policy practices that have developed in Indonesia, the Philippines, and Malaysia, thus identifying similarities, differences, and best practices relevant to strengthening the national health insurance system (Marmor & Oberlander, 2021).

The research data sources consist of primary, secondary, and tertiary legal materials. Primary legal materials include official laws and policies governing the health insurance systems in Indonesia, the Philippines, and Malaysia, including constitutions, laws, and implementing regulations related to the implementation of universal health insurance. Secondary legal materials include scientific journal articles, policy reports from international organizations, and academic studies discussing health financing, health system governance, and the implementation of Universal Health Coverage (USHC) (Savedoff & Fan, 2023). Meanwhile, tertiary materials, such as legal dictionaries, encyclopedias, and relevant academic references, were used to enrich conceptual and terminological understanding. These materials were used to strengthen the conceptual analysis in this study.

The limitations of this study lie in the scope of the analysis, which focuses on normative and policy studies without involving field research or primary data collection. The study focuses on three countries in Southeast Asia: Indonesia, the Philippines, and Malaysia. These countries were selected because they have relatively comparable health insurance system characteristics but have developed different policy approaches to implementing universal health insurance systems. This limitation was implemented to allow for a more in-depth analysis of the legal framework, policy governance, and comparative implications for strengthening the universal health insurance system in Indonesia (Roul, 2023).

Results and Discussion

Analytical Framework and New Position

Recent studies of universal health insurance have largely focused on health economics, particularly fiscal sustainability, coverage expansion, and financing efficiency. Although these factors are important, excessive emphasis on economic considerations may overlook the legal foundations of healthcare systems. From a rule-of-law perspective, effective health systems require sound regulatory design, consistent legal norms, and capable institutions. Universal Health Coverage is therefore not merely a financing issue but also involves fulfilling constitutional and internationally recognized health rights. National insurance systems should consequently integrate clear regulations, accountable governance, and effective public oversight. Without a strong legal framework, even financially efficient systems may face implementation problems caused by regulatory inconsistencies, institutional weaknesses, or inadequate supervision (Brown et al., 2023).

In this context, this study adopts a cross-country comparative approach that focuses on the legal and public policy dimensions of universal health insurance implementation. This comparative approach was chosen because health systems do not develop in isolation, but rather through a transnational process of policy learning. Countries in the Southeast Asian region have gradually developed different health insurance models, but all of them depart from the same goal of ensuring fair, equitable, and sustainable access to health services (Lim et al., 2023). The analytical framework in this study integrates three interrelated main dimensions. The first dimension is the regulatory design and hierarchy of legal norms governing the national health insurance system. The second dimension is institutional governance, encompassing organizational structure, oversight mechanisms, and the relationship between health insurance providers and the government and healthcare facilities. The third dimension is the policy implementation mechanism and the resolution of disputes arising in the practice of administering the health insurance system(Kipo-Sunyehzi, 2022).

The integration of these three dimensions allows this study to map the causal relationship between the quality of regulatory design and the effectiveness of public health protection. Clear and consistent regulations will provide legal certainty for all actors in the health system, including participants, insurance providers, and healthcare providers. Conversely, ambiguous or overlapping regulations have the potential to create policy conflicts, ultimately impacting the quality of healthcare services for the public (Tandon & Cashin, 2021). This approach also positions law as a strategic instrument in building an equitable health system. In contemporary health law literature, a growing number of studies confirm that the success of Universal Health Coverage is determined not only by the size of the health budget or the capacity of the financing system, but also by the state's ability to create a legal framework that ensures accountability, transparency, and the protection of patient rights (Gostin & Wiley, 2021).

Unlike most previous literature, which tends to assess Universal Health Coverage through coverage indicators or fiscal efficiency, this study emphasizes that legal certainty is a key, often overlooked, variable. A successful health insurance system is characterized not only by high levels of participation but also by the institution's ability to resolve policy conflicts fairly and transparently. Therefore, the success of Universal Health Coverage is not only a technocratic issue but also a matter of sound legal governance (Gatome-Munyua et al., 2024). The main novelty of this research lies in the integration of a comparative legal approach with health policy analysis in the Southeast Asian context. Most previous studies treat the country as a single unit of analysis without comparing regulatory dynamics in other countries with relatively similar social and economic contexts (Yasin & Hafeez, 2023). By examining Indonesia, the Philippines, and Malaysia simultaneously, this research seeks to identify best practices and emerging structural challenges in the development of health insurance systems in the region.

Through this analytical framework, this study makes a theoretical contribution to the development of comparative health law studies in Southeast Asia. The study demonstrates that regulatory design, institutional capacity, and dispute resolution mechanisms are fundamental elements determining the success of national health insurance systems (Srivastava et al., 2023). Thus, legal analysis serves not only as a complement to health policy studies but also as a normative foundation that determines the long-term sustainability of health systems.

Implementation of Health Insurance Law in Indonesia

The legal framework for health insurance in Indonesia is built around a national social security system that positions the state as the primary guarantor of public health protection. This system is implemented through the National Health Insurance Program (JKN) administered by BPJS Kesehatan, a non-profit public legal entity responsible for managing health insurance funds for all Indonesians. Since its launch in 2014, this program has become one of the largest health policy reforms in the world in terms of coverage (Pratiwi et al., 2021). The development of the National Health Insurance program has shown significant progress in expanding access to healthcare services for the public. By 2023, more than 260 million Indonesians will have registered as JKN participants, making it one of the largest health insurance systems globally. This expansion of participation has successfully reduced the proportion of out-of-pocket health expenditures and increased financial protection for vulnerable groups (Voto et al., 2025).

This achievement demonstrates that Indonesia's health insurance system has normatively met the principles of universality and non-discrimination, which are the foundation of Universal Health Coverage (Endalamaw et al., 2022). The government is targeting a coverage rate of over 98 percent of the national population as part of its national health development strategy. This achievement reflects the country's commitment to ensuring that every citizen has access to adequate health services without facing financial barriers. However, the successful expansion of coverage does not necessarily eliminate the various implementation challenges that arise in the practical implementation of the health insurance system. Various studies indicate that the JKN system still faces issues related to sustainable financing, distribution of healthcare workers, and disparities in service quality between urban and remote areas. These challenges demonstrate that the success of Universal Health Coverage depends not only on coverage expansion but also on the quality of health system governance (Khan et al., 2023).

One of the policy innovations introduced by the government in recent years is the implementation of Standard Inpatient Classes, replacing the previous BPJS (Social Security Agency) service class system. This policy aims to reduce the disparity in healthcare services between participants with different contribution levels and improve equity in access to healthcare facilities. Standardization of service classes is expected to strengthen the principle of equality within the national health insurance system (Hakiki & Nugroho, 2024). However, the implementation of the Standard Inpatient Class policy has also given rise to various complex policy dynamics. Several hospitals face challenges in adapting their infrastructure and service standards to comply with the new government regulations. Limited human resources and healthcare facility capacity are factors that influence the readiness of healthcare institutions to optimally adopt this policy (Mukwena & Manyisa, 2022).

From a legal policy perspective, changing the service class system to a standard class system represents a regulatory intervention that directly impacts the legal relationship between participants, BPJS Kesehatan (Social Security Agency for Health), and healthcare providers. This service standardization relates not only to administrative aspects but also to participants' rights to obtain equal healthcare services. Therefore, the successful implementation of this policy depends heavily on clear regulations and coordination between institutions within the national healthcare system (Gooding et al., 2022). In addition to issues with service policy implementation, the National Health Insurance (JKN) system also faces challenges in its contribution financing mechanism. Deactivation of membership due to unpaid contributions reflects the tension between the logic of contribution-based social insurance and the principle of protecting the right to health as a constitutional right of citizens. This situation has given rise to debate about the extent to which the state should shoulder the burden of health financing for groups unable to pay contributions independently (Savedoff & Fan, 2023).

These issues indicate that the design of the contribution policy in the national health insurance system does not fully reflect the ability-to-pay principle, a key principle in social insurance systems. Without adequate subsidy mechanisms for vulnerable groups, the health financing system has the potential to create unequal access to health services. Therefore, financing policy reform is a key agenda for strengthening the sustainability of the health insurance system in Indonesia (Susilo et al., 2025). From a health law perspective, the challenges of implementing a national health insurance system reflect the complex relationship between legal norms, public policy, and public administration practices (Ahmad et al., 2025). A health insurance system requires not only comprehensive regulations but also effective oversight mechanisms to ensure that established

policies are consistently implemented. Without strong oversight, even sound regulations can lose their effectiveness in implementing public policy. Thus, an analysis of the implementation of health insurance law in Indonesia shows that the success of the health insurance system depends not only on expanding coverage but also on the quality of regulatory governance and the institutions implementing the policy. Strengthening the legal framework, harmonizing regulations, and increasing institutional capacity are strategic steps needed to ensure the sustainability of the national health insurance system in the future (Haghighi & Takian, 2024).

Implementation of Health Insurance Law in the Philippines

The transformation of the Philippine health insurance system reached a significant milestone when the country passed the Universal Health Care Act of 2019, legally enforcing all citizens as participants in the national health insurance system managed by the Philippine Health Insurance Corporation (PhilHealth) (Galvani et al., 2022). Through this legal framework, the country seeks to eliminate administrative barriers that have hindered public access to healthcare. The principle of automatic enrollment provides a normative foundation that positions the right to health no longer as a conditional administrative benefit but as a social right inherent in citizenship (Besson, 2024). The automatic participation model strengthens legal certainty by ensuring that all citizens can access healthcare without complex registration procedures, particularly benefiting vulnerable populations. It also supports broader coverage by integrating previously fragmented health programs and accelerating Universal Health Coverage. Nevertheless, PhilHealth's regulatory flexibility creates both advantages and risks. While rapid policy adjustments can respond to changing public needs, frequent regulatory changes may cause fragmentation and uncertainty in implementation (Øyri & Wiig, 2022). Hospitals, clinics, and other healthcare providers may face difficulties adapting to changing service standards, administrative requirements, reporting procedures, and insurance claim mechanisms, potentially reducing the consistency and efficiency of healthcare delivery (Savedoff & Fan, 2023).

Another significant challenge relates to the integrity of the governance of health insurance providers. Numerous audit and investigative reports have revealed cases of misuse of claims and allegations of fraud in the healthcare payment system. This phenomenon suggests that expanding coverage must be balanced with strengthening internal and external oversight mechanisms to prevent budget leakage in the health insurance system (Moch et al., 2022). Health fund management issues in recent years have served as a significant illustration of the complexities of national health insurance system governance. In 2024, for example, controversy arose over the transfer of PhilHealth reserve funds to the state treasury, which was later ruled invalid by the Philippine Supreme Court. The court ordered the funds to be returned, deeming them to violate the principle of health insurance fund management, which should be used for the benefit of participants (Lasco & Abesamis, 2025).

This incident demonstrates that the sustainability of a health insurance system is determined not only by policy design but also by the stability of the legal framework governing the management of public funds. When health insurance funds are treated as a fiscal instrument that can be diverted for state budget purposes, public trust in the health insurance system has the potential to seriously erode. In addition to funding management issues, an evaluation of UHC implementation in the Philippines also shows that the public health financing burden remains relatively high (Capeding et al., 2025). Several reports indicate that out-of-pocket healthcare spending still accounts for approximately sixty percent of total hospital care costs. This situation suggests that the expansion of coverage has not been fully accompanied by improved financial protection for patients (Ji et al., 2024).

From a public law perspective, these challenges underscore the importance of striking a balance between administrative discretion and institutional accountability. PhilHealth, as the national health insurance administration, has considerable authority to regulate the healthcare payment system (Lee et al., 2024). However, this authority must be balanced with effective oversight mechanisms to prevent policy deviations. Legislative debates regarding possible amendments to the Universal Health Care Act demonstrate that the Philippine legal system is still in a consolidation phase. Some proposed reforms under discussion include adjusting the contribution structure, strengthening audit mechanisms, and increasing transparency in the management of health insurance funds (Co et al., 2024). These reforms are expected to strengthen the sustainability of the national health insurance system while increasing public trust in the administering institutions.

From a comparative perspective, the Philippines' experience offers important lessons regarding the dynamics of Universal Health Coverage policy implementation in developing countries. While automatic enrollment can rapidly expand access to healthcare, its success depends heavily on the quality of governance of the institutions implementing it (World Health Organization & World Bank, 2022). Without a robust oversight system, expanded coverage could potentially be accompanied by an increased risk of misuse of public funds. Thus, the implementation of the health insurance law in the Philippines demonstrates that health policy reform requires not only progressive regulatory design but also adequate institutional capacity to ensure effective implementation. Strengthening accountability mechanisms is key to maintaining the sustainability of the health insurance system and protecting the public's right to health (Debie et al., 2022).

Implementation of Health Insurance Law in Malaysia

Unlike Indonesia and the Philippines, which adopted a contribution-based social insurance model, Malaysia has developed a universal healthcare system funded primarily through general taxation. The state plays a dominant role as the provider of public healthcare services through a network of government hospitals and clinics spread across various regions. This system allows the public to access healthcare at very low costs, or even virtually free, for most citizens (Wasti et al., 2023). This tax-based financing model reflects a welfare state approach that positions health as a public service provided directly by the government. Within this framework, the right to health is realized not through a contractual relationship between participants and insurance institutions, but through the state's obligation to provide affordable health services to all citizens (Nampewo et al., 2022). This approach provides a relatively high level of access certainty because people do not need to meet specific participation requirements to obtain basic health services.

Malaysia's healthcare system has evolved as a dual structure, combining the public and private sectors (Fadzil et al., 2022). The public sector provides basic healthcare services funded by the state, while the private sector is rapidly expanding as a provider of more modern facilities and shorter waiting times. This pattern creates a dynamic of dual health systems that is relatively unique in Southeast Asia. In practice, the majority of Malaysians rely on public healthcare facilities for basic services such as primary care, immunizations, and the treatment of common ailments (Anis-Syakira et al., 2022). Conversely, those with higher incomes tend to utilize private healthcare services, which offer greater convenience and speed of service. This combination of the public and private sectors creates a complex yet relatively stable healthcare ecosystem.

While this system provides widespread access to healthcare services, several policy challenges are emerging due to rising healthcare costs and changing demographics. The growing elderly population and the increasing prevalence of non-communicable diseases are placing increasing pressure on the country's healthcare budget. This situation has given rise to debate about the long-term fiscal sustainability of the Malaysian healthcare system (Awang et al., 2023). Recent data shows that Malaysia's total healthcare spending reaches approximately 4.6 percent of gross domestic product, with funding split between the public and private sectors. While this figure is relatively modest compared to developed countries, rising healthcare costs and medical inflation in the private sector raise concerns about the resilience of the national healthcare system (CodeBlue Health News, 2025).

In addition to funding issues, the Malaysian healthcare system also faces challenges related to the distribution of human resources. Many medical personnel are shifting from the public to the private sector due to differences in remuneration and workload. This phenomenon has the potential to reduce public healthcare capacity and lengthen patient waiting times in government hospitals (New Straits Times, 2025). From a health law perspective, the Malaysian system differs from countries that have adopted national social insurance schemes. The absence of a specific law on universal health insurance makes the Malaysian health system more dependent on administrative policies issued by the Ministry of Health (Fitra et al., 2025). Thus, the legal structure governing the health system is more sectoral in nature than an integrated legal framework. This situation has certain implications for patient legal protection. In national health insurance systems such as BPJS Kesehatan or PhilHealth, the legal relationship between participants and providers is explicitly regulated by law (Indonesia, 2025). In contrast, in the Malaysian system, disputes related to healthcare services are generally resolved through general legal mechanisms such as state administrative law or medical malpractice lawsuits.

Comparative Analysis of Indonesia, the Philippines, and Malaysia

A comparative analysis of the health insurance systems in Indonesia, the Philippines, and Malaysia reveals the diversity of national strategies in achieving Universal Health Coverage as part of the global health development agenda. Although located in a relatively similar geographic region, the three countries have developed different policy models according to their respective legal structures, fiscal capacities, and social policy orientations. This variation reflects the reality that the implementation of universal health coverage cannot be separated from the institutional and political contexts that shape a country's national health system (Savedoff & Fan, 2023). Therefore, a comparative approach is an important analytical tool for understanding the dynamics of health policy in the Southeast Asian region.

Indonesia is developing a national health insurance system through a mandatory Indonesia implements a contribution-based social insurance model administered by BPJS Kesehatan, emphasizing social solidarity and risk pooling to distribute health risks across society. Legally, this system reflects the state's commitment to social justice in healthcare financing. With more than 200 million participants, JKN represents one of the world's largest health insurance programs (World Health Organization, 2025). Nevertheless, broad coverage does not automatically guarantee effective implementation. A major challenge is low contribution compliance, particularly among informal workers without automatic payroll deductions. This condition may affect financial sustainability because contribution revenues can become insufficient to match the growing healthcare claims that BPJS Kesehatan must finance (Pratiwi et al., 2021). This situation demonstrates that the sustainability of the social insurance system is highly dependent on the effectiveness of contribution collection mechanisms.

In addition to contribution compliance issues, the complexity of administrative bureaucracy also poses a barrier to the implementation of the national health insurance system in Indonesia. The participant verification process, tiered referrals, and health care claims mechanisms often create multi-layered procedures. In practice, this administrative complexity can impact the quality of health care received by participants. Recent research shows that some health facilities face challenges in adapting service procedures to the relatively complex BPJS administrative system (Nabila et al., 2025). This demonstrates that regulatory effectiveness is determined not only by legal norms but also by the bureaucratic capacity to implement them.

From an institutional governance perspective, Indonesia's National Health Insurance (JKN) continues to face challenges in integrating national health data. Effective coordination among BPJS Kesehatan, the Ministry of Health, local governments, and healthcare providers requires an interoperable information system. Weak data integration can hinder health policy planning and create inconsistencies in implementation across regions. Strengthening the national health information system is therefore essential to improving governance effectiveness. In comparison, the Philippines adopts automatic enrollment through the Universal Health Care Act of 2019, granting citizens access to PhilHealth without complicated registration procedures and reducing administrative barriers for vulnerable populations (Savedoff & Fan, 2023).

The advantage of this automatic participation model lies in its ability to accelerate the expansion of healthcare coverage nationwide. Without a complicated registration process, people can immediately access healthcare services covered by the national insurance system. This model also allows for the integration of various government health programs into a single, more coordinated financing framework. Thus, the Philippine healthcare system can serve as a mechanism for more inclusive redistribution of healthcare resources (World Health Organization & World Bank, 2022). However, the significant expansion of membership also has consequences for PhilHealth's institutional governance. Several reports indicate potential abuse of healthcare claims by some healthcare facilities. Fraudulent practices within the health insurance system can threaten the financial integrity of the provider if not addressed through effective oversight mechanisms. Therefore, strengthening internal and external audit systems is a key agenda item in Philippine healthcare system reform (Gostin & Wiley, 2021).

A comparison of these three countries shows that the effectiveness of a health insurance system depends heavily on the alignment of regulatory design, institutional governance, and the country's fiscal capacity. A social insurance system like Indonesia's requires stable regulations and an effective contribution collection mechanism. An automatic membership system like the Philippines requires

strong institutional oversight to maintain system integrity. Meanwhile, a tax-based system like Malaysia's requires fiscal discipline and budget transparency to ensure sustainable health financing.

Implications for the Protection of the Right to Health

From a human rights perspective, health is a fundamental right that must be guaranteed by the state through effective and sustainable public policies. This principle aligns with the international legal framework, which places the right to health as a social right that states are obligated to fulfill. States have a responsibility to ensure that every citizen can access quality healthcare without facing financial barriers or discrimination (Gostin & Wiley, 2021). In social insurance-based systems such as those in Indonesia and the Philippines, the right to health is realized through a legal relationship between participants and the health insurance provider. Participants have the right to receive health services in accordance with the benefits guaranteed under the national insurance scheme. Therefore, legal disputes arising in these systems often relate to administrative issues, such as participant status, claim denials, or the interpretation of health service benefits guaranteed by regulations (Savedoff & Fan, 2023).

In tax-based systems such as Malaysia, health rights depend on direct state provision, making disputes more related to service quality and medical responsibility. Therefore, effective health insurance requires clear legal protection, transparent dispute resolution, sustainable financing, consistent regulation, and accountable governance to ensure substantive realization of health rights (Savedoff & Fan, 2023). Indonesia represents a social insurance model for a very large population. Within the framework of public policy theory, the National Health Insurance system can be understood as an institutionalization of social solidarity that seeks to integrate health financing within a single national scheme. However, this research finding indicates that the success of expanding coverage has not been fully matched by stable institutional governance. Challenges such as compliance with premium payments, fragmented health data, and administrative complexity indicate that institutional reforms are still needed to strengthen the system's sustainability (Holmqvist, 2022).

This situation is not unique to Indonesia but is also found in various social insurance systems in developing countries. Global comparative studies show that national health insurance schemes often face a dilemma between expanding service coverage and sustaining financing. As the number of participants increases significantly, pressure on the financing system also increases, requiring countries to develop cost-control mechanisms and more innovative financing strategies (Gatome-Munyua et al., 2024). In this context, health policy reform cannot be separated from national economic and fiscal dynamics. The Philippines provides a compelling example of how an automatic enrollment approach can accelerate the achievement of Universal Health Coverage. By legally enrolling all citizens in PhilHealth, the country seeks to eliminate administrative barriers that have prevented the poor from accessing healthcare services. This approach aligns with recommendations from various international organizations that emphasize the importance of automatic enrollment in expanding health insurance coverage (Rahayu et al., 2020).

This study demonstrates that successful participation expansion must be balanced with a robust oversight system. Cases of claims abuse within the PhilHealth system demonstrate that expanding coverage without strengthening accountability mechanisms can create a moral hazard risk within the health insurance system. From a public administration law perspective, this situation reflects the importance of striking a balance between administrative discretion and institutional oversight mechanisms. Without effective and transparent audit mechanisms, health insurance providers face a potential crisis of public trust that could undermine the system's long-term stability (Gostin & Wiley, 2021).

Unlike these two countries, Malaysia has developed a tax-based approach that positions the state as the primary provider of public health services. This model is often considered one of the relatively efficient health systems in Southeast Asia, as it is able to provide basic health services at very low cost to the public. In the global health policy literature, tax-based systems are often praised for their administrative simplicity and ability to ensure widespread access to health services. However, this study suggests that this model also has certain limitations. The heavy reliance on tax funding makes Malaysia's health system highly sensitive to changes in the country's fiscal conditions. When budget pressures arise or public policy priorities shift, the health sector can experience funding constraints, impacting service capacity. In this context, the sustainability of the health system depends heavily on the government's political commitment to maintaining investment in the health sector as a national development priority (Savedoff & Fan, 2023).

In addition to fiscal issues, Malaysia's healthcare system also faces a dualism between the public and private sectors. This dualism reflects a dynamic found in many other countries, where the private sector has expanded in response to limited public healthcare capacity. While the presence of the private sector can increase service choices for the public, excessive reliance on it has the potential to exacerbate disparities in access to healthcare based on economic capacity (World Bank, 2022). Effective regulation is essential to balance both sectors, while patient protection and dispute-resolution mechanisms should be tailored to each country's health insurance and financing system (Gostin & Wiley, 2021).

Within the framework of human rights, states have an obligation to ensure that every citizen has access to adequate health services without financial barriers or discrimination. This principle is reflected in various international legal instruments, which affirm that the right to health is an integral part of social rights that must be guaranteed by the state. However, the implementation of this principle depends heavily on the institutional capacity and political commitment of each country (World Health Organization, 2025). The results of this study strengthen the argument that Universal Health Coverage is not only a technical issue of health financing, but also a matter of legal governance and public policy. Countries that successfully integrate clear regulations, accountable institutional governance, and effective legal protection mechanisms tend to have more stable and sustainable health systems. Conversely, countries that fail to establish such integration risk facing various implementation issues that could hinder the achievement of the goal of universal health coverage (Carrin & James, 2005).

Globally, the experiences of Indonesia, the Philippines, and Malaysia offer important lessons for other countries seeking to develop national health insurance systems. No single health system model can be universally applied without considering the social, economic, and institutional conditions of each country. Therefore, health system reform must be contextualized, taking into account national dynamics and learning from international best practices (Brennan & Abimbola, 2023). Thus, the discourse on Universal Health Coverage needs to move beyond technical debates about health financing and begin to prioritize legal dimensions and institutional governance as an integral part of health policy analysis (Debie et al., 2024). Such a multidimensional approach enables the development of health systems that not only expand access to health services but also guarantee substantive protection of the right to health for all citizens.

Conclusion

This study examines how legal frameworks and public policies influence the effectiveness of universal health insurance implementation in Indonesia, the Philippines, and Malaysia. The comparative analysis reveals that each country has developed a distinct institutional model for ensuring healthcare access. Indonesia applies a mandatory contribution-based social insurance system through BPJS Kesehatan, emphasizing social solidarity and risk pooling. The Philippines implements automatic participation through the Universal Health Care Act, which provides legal entitlement to PhilHealth coverage for citizens. Meanwhile, Malaysia primarily relies on tax-based financing and direct government provision of public healthcare services. These differences demonstrate that no single healthcare model can be universally applied, as effectiveness depends on the compatibility of regulatory frameworks, fiscal capacity, institutional governance, and administrative systems. The findings indicate that legal design and institutional accountability are essential to achieving universal health coverage. Indonesia's system offers strong legal protection but faces challenges involving contribution compliance, health-data integration, and administrative complexity. The Philippines can expand healthcare inclusion rapidly through automatic enrollment, although stronger supervision is necessary to prevent fraudulent claims and maintain financial sustainability. Malaysia provides relatively simple administration and broad public access, but its system remains dependent on sustainable government financing and may experience differences in service quality. Theoretically, this research contributes to comparative health law by emphasizing that universal coverage should not be measured solely through financing and enrollment indicators. Effective legal protection, governance, accountability, and patient rights are equally important. Practically, countries should strengthen regulatory compliance, integrated health information systems, financial oversight, and sustainable budgeting. However, this study is limited by its normative-juridical approach and focus

on only three Southeast Asian countries. Future research should integrate empirical evidence and expand comparative coverage to other national healthcare systems.

References

Agbeyangi, A. O., & Lukose, J. M. (2025). Telemedicine Adoption and Prospects in Sub-Sahara Africa: A Systematic Review with a Focus on South Africa, Kenya, and Nigeria. *Healthcare*, *13*(7), 762. https://doi.org/10.3390/healthcare13070762

Ahmad, N., Zainal, N., Shamsu, L. S., & Zamri, Z. H. (2025). Challenges of the Insanity Defence: Legal Perspectives on Mental Illness and Criminality in Brunei's Dual Legal System. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.5197445

Anis-Syakira, J., Jawahir, S., Abu Bakar, N. S., Mohd Noh, S. N., Jamalul-Lail, N. I., Hamidi, N., & Sararaks, S. (2022). Factors Affecting the Use of Private Outpatient Services among the Adult Population in Malaysia. *International Journal of Environmental Research and Public Health*, *19*(20), 13663. https://doi.org/10.3390/ijerph192013663

Awang, S., Agins, B., Mohd Ujang, I. R., Narayanan, D. N., Zulkifli, N. W., & Hamidi, N. (2023). Development of the National Policy for Quality in Healthcare for Malaysia. *Health Research Policy and Systems*, *21*(1), 119. https://doi.org/10.1186/s12961-023-01063-w

Baute, S., & de Ruijter, A. (2022). EU health solidarity in times of crisis: explaining public preferences towards EU risk pooling for medicines. *Journal of European Public Policy*, *29*(8), 1183–1205. https://doi.org/10.1080/13501763.2021.1936129

Bautista, M. C. G., Acacio-Claro, P. J., Mendoza, N. B., Pulmano, C., Estuar, M. R. J., Dayrit, M. M., Festin, V. E., Valera, M., Sugon, Q., & Villamor, D. A. (2022). The 2019 Philippine UHC Act, Pandemic Management and Implementation Implications in a Post-COVID-19 World: A Content Analysis. *International Journal of Environmental Research and Public Health*, *19*(15), 9567. https://doi.org/10.3390/ijerph19159567

Besson, S. (2024). The 'Human Right to Science' qua right to participate in science. *The International Journal of Human Rights*, *28*(4), 497–528. https://doi.org/10.1080/13642987.2023.2251897

Bogale, B., Scambler, S., Mohd Khairuddin, A. N., & Gallagher, J. E. (2024). Health system strengthening in fragile and conflict-affected states: A review of systematic reviews. *PLOS ONE*, *19*(6), e0305234. https://doi.org/10.1371/journal.pone.0305234

Brennan, E., & Abimbola, S. (2023). The impact of decentralisation on health systems in fragile and post-conflict countries: a narrative synthesis of six case studies in the Indo-Pacific. *Conflict and Health*, *17*(1), 31. https://doi.org/10.1186/s13031-023-00528-7

Brown, G. W., Rhodes, N., Tacheva, B., Loewenson, R., Shahid, M., & Poitier, F. (2023). Challenges in international health financing and implications for the new pandemic fund. *Globalization and Health*, *19*(1), 97. https://doi.org/10.1186/s12992-023-00999-6

Capeding, T. P. J., Pepito, V. C., Lim, L. T., Legaspi, R. S., Ong, M. M., Loreche, A. M., & Dayrit, M. M. (2025). Financing and Resource Constraints Hindering the Optimal Implementation of the Universal Health Care Act in the Philippines. *Health Systems & Reform*, *11*(1). https://doi.org/10.1080/23288604.2025.2596404

Carrin, G., & James, C. (2005). Social Health Insurance: Key Factors Affecting the Transition towards Universal Coverage. *International Social Security Review*, *58*(1), 45–64.

Co, P. A., Vîlcu, I., De Guzman, D., & Banzon, E. (2024). Staying the Course: Reflections on the Progress and Challenges of the UHC Law in the Philippines. *Health Systems & Reform*, *10*(3). https://doi.org/10.1080/23288604.2024.2397829

CodeBlue Health News. (2025). Rising Healthcare Costs and Sustainability of Malaysia's Health System. *CodeBlue*.

Debie, A., Khatri, R. B., & Assefa, Y. (2022). Successes and challenges of health systems governance towards universal health coverage and global health security: a narrative review and synthesis of the literature. *Health Research Policy and Systems*, *20*(1), 50. https://doi.org/10.1186/s12961-022-00858-7

Debie, A., Nigusie, A., Gedle, D., Khatri, R. B., & Assefa, Y. (2024). Building a resilient health system for universal health coverage and health security: a systematic review. *Global Health Research and Policy*, *9*(1), 2. https://doi.org/10.1186/s41256-023-00340-z

Endalamaw, A., Gilks, C. F., Ambaw, F., & Assefa, Y. (2022). Universality of universal health coverage: A scoping review. *PLOS ONE*, *17*(8), e0269507. https://doi.org/10.1371/journal.pone.0269507

Fadzil, M. M., Wan Puteh, S. E., Aizuddin, A. N., & Ahmed, Z. (2022). Specialists' Dual Practice within Public Hospital Setting: Evidence from Malaysia. *Healthcare*, *10*(10), 2097. https://doi.org/10.3390/healthcare10102097

Fitra, T. R., Yusof, N. B., & M. Radiamoda, A. (2025). Sanctions and Legal Compliance in Marriage Registration: A Comparative Implementation of Islamic Family Law in Indonesia and Malaysia. *Islamic Law and Social Issues in Society*, *1*(1), 47–61. https://doi.org/10.64929/ilsiis.v1i1.10

Galvani, A. P., Parpia, A. S., Pandey, A., Sah, P., Colón, K., Friedman, G., Campbell, T., Kahn, J. G., Singer, B. H., & Fitzpatrick, M. C. (2022). Universal healthcare as pandemic preparedness: The lives and costs that could have been saved during the COVID-19 pandemic. *Proceedings of the National Academy of Sciences*, *119*(25). https://doi.org/10.1073/pnas.2200536119

Garland, D. (2014). The Welfare State: A Fundamental Dimension of Modern Government. *European Journal of Sociology*, *55*(3), 327–364. https://doi.org/10.1017/S0003975614000162

Gatome-Munyua, A., Sparkes, S. P., Earle, A. J., Kutzin, J., & Ravishankar, N. (2024). Objective-Oriented Health Systems Reform: Implications for Moving Towards Universal Health Coverage. *Health Systems & Reform*, *10*(3). https://doi.org/10.1080/23288604.2024.2440214

Goktas, P., & Grzybowski, A. (2025). Shaping the Future of Healthcare: Ethical Clinical Challenges and Pathways to Trustworthy AI. *Journal of Clinical Medicine*, *14*(5), 1605. https://doi.org/10.3390/jcm14051605

Gooding, K., Bertone, M. P., Loffreda, G., & Witter, S. (2022). How can we strengthen partnership and coordination for health system emergency preparedness and response? Findings from a synthesis of experience across countries facing shocks. *BMC Health Services Research*, *22*(1), 1441. https://doi.org/10.1186/s12913-022-08859-6

Gostin, L. O., & Wiley, L. F. (2021). *Global Health Law and Policy*. Oxford University Press.

Haghighi, H., & Takian, A. (2024). Institutionalization for good governance to reach sustainable health development: a framework analysis. *Globalization and Health*, *20*(1), 5. https://doi.org/10.1186/s12992-023-01009-5

Hakiki, R., & Nugroho, H. (2024). Standard Inpatient Class Policy in Indonesia's National Health Insurance: Policy Analysis and Implementation Challenges. *Journal of Health Policy and Management*, *9*(1), 45–58.

Han, B., & Zhang, Q. (2025). An empirical study on the impact of charitable medical care on residents' health level. *Frontiers in Public Health*, *13*. https://doi.org/10.3389/fpubh.2025.1591503

Holmqvist, M. (2022). Economics as symbolic capital: The consecration of elite business schools. *Theory and Society*, *51*(3), 435–455. https://doi.org/10.1007/s11186-021-09455-z

Indonesia, I. (2025). *Aplikasi Klinik RME Terintegrasi BPJS \& SATUSEHAT*.

Ji, S., Lee, M., Choi, M., & Park, S. (2024). The impact of the expanded health insurance coverage policy on healthcare spending: evidence from Korea. *International Journal for Equity in Health*, *23*(1), 126. https://doi.org/10.1186/s12939-024-02206-3

Kang, X., Qu, L., Soon, L.-K., Li, Z., & Trakic, A. (2025). Automating IRAC Analysis in Malaysian

Contract Law using a Semi-Structured Knowledge Base. *Artificial Intelligence and Law*. https://doi.org/10.1007/s10506-025-09467-5

Khan, S. J., Asif, M., Aslam, S., Khan, W. J., & Hamza, S. A. (2023). Pakistan's Healthcare System: A Review of Major Challenges and the First Comprehensive Universal Health Coverage Initiative. *Cureus*. https://doi.org/10.7759/cureus.44641

Kipo-Sunyehzi, D. D. (2022). Perspectives on Public Policy Implementation in Developing World Context: The Case of Ghana's Health Insurance Scheme. *Public Organization Review*, *22*(3), 611–626. https://doi.org/10.1007/s11115-021-00520-w

Kodali, P. B. (2023). Achieving Universal Health Coverage in Low- and Middle-Income Countries: Challenges for Policy Post-Pandemic and Beyond. *Risk Management and Healthcare Policy*, *Volume 16*, 607–621. https://doi.org/10.2147/RMHP.S366759

Lakioti, E., Pagonis, N., Flegkas, D., Itziou, A., Moustakas, K., & Karayannis, V. (2025). Social Factors and Policies Promoting Good Health and Well-Being as a Sustainable Development Goal: Current Achievements and Future Pathways. *Sustainability*, *17*(11), 5063. https://doi.org/10.3390/su17115063

Lasco, G., & Abesamis, L. E. A. (2025). 'Saving the youth': Children and young people as moral subjects in the Philippines' punitive drug regime. *Drugs: Education, Prevention and Policy*, *32*(4), 308–320. https://doi.org/10.1080/09687637.2024.2408486

Lee, C. M., Gomez, S. L., & Paz, B. M. A. (2024). Assessment on the Effectiveness of Universal Health Care (UHC) Law in the Philippines during the Covid-19 Pandemic: An Analysis LEE - PAZ -GOMEZ. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.4854899

Lim, M. Y., Kamaruzaman, H. F., Wu, O., & Geue, C. (2023). Health financing challenges in Southeast Asian countries for universal health coverage: a systematic review. *Archives of Public Health*, *81*(1), 148. https://doi.org/10.1186/s13690-023-01159-3

Marmor, T. R., & Oberlander, J. (2021). *Comparative Health Systems: Policy, Politics, and Performance*. Oxford University Press.

Moch, H., Amin, M. B., Berney, D. M., Compérat, E. M., Gill, A. J., Hartmann, A., Menon, S., Raspollini, M. R., Rubin, M. A., Srigley, J. R., Hoon Tan, P., Tickoo, S. K., Tsuzuki, T., Turajlic, S., Cree, I., & Netto, G. J. (2022). The 2022 World Health Organization Classification of Tumours of the Urinary System and Male Genital Organs—Part A: Renal, Penile, and Testicular Tumours. *European Urology*, *82*(5), 458–468. https://doi.org/10.1016/j.eururo.2022.06.016

Mukwena, N. V., & Manyisa, Z. M. (2022). Factors influencing the preparedness for the implementation of the national health insurance scheme at a selected hospital in Gauteng Province, South Africa. *BMC Health Services Research*, *22*(1), 1006. https://doi.org/10.1186/s12913-022-08367-7

Nabila, S. M., Farhanah, B. C. D., Adiyatma, F. M., & Sumardi, L. (2025). Implementation of Habit-Based Programs to Strengthen Moral Education in Primary Schools: A Case Study at SDN 7 Ampenan. *Journal of Education and Computer Applications*, *2*(2), 15–23. https://doi.org/10.69693/jeca.v2i2.26

Nampewo, Z., Mike, J. H., & Wolff, J. (2022). Respecting, protecting and fulfilling the human right to health. *International Journal for Equity in Health*, *21*(1), 36. https://doi.org/10.1186/s12939-022-01634-3

New Straits Times. (2025). Challenges in Malaysia's Healthcare Workforce and Public Health System. *New Straits Times*.

Pratiwi, A. N., Dartanto, T., & Sitompul, K. (2021). The Implementation of Indonesia's National Health Insurance (JKN): Achievements and Challenges. *International Journal of Health Planning and Management*, *36*(3), 678–694.

Rahayu, Y. Y. S., Araki, T., & Rosleine, D. (2020). Factors affecting the use of herbal medicines in the universal health coverage system in Indonesia. *Journal of Ethnopharmacology*, *260*, 112974.

Rahman, T., Gasbarro, D., & Alam, K. (2022). Financial risk protection from out-of-pocket health spending in low- and middle-income countries: a scoping review of the literature. *Health Research Policy and Systems*, *20*(1), 83. https://doi.org/10.1186/s12961-022-00886-3

Roul, A. (2023). Asian Development Bank (ADB). In *The Palgrave Encyclopedia of Global Security Studies* (pp. 81–86). Springer International Publishing. https://doi.org/10.1007/978-3-319-74319-6_312

Savedoff, W., & Fan, V. Y. (2023). Universal Health Coverage and the Future of Health Financing. *Health Policy and Planning*, *38*(2), 145–156.

Srivastava, S., Bertone, M. P., Basu, S., De Allegri, M., & Brenner, S. (2023). Implementation of PM-JAY in India: a qualitative study exploring the role of competency, organizational and leadership drivers shaping early roll-out of publicly funded health insurance in three Indian states. *Health Research Policy and Systems*, *21*(1), 65. https://doi.org/10.1186/s12961-023-01012-7

Susilo, D., Wulandari, L. P. L., Sukmayeti, E., Asante, A., Jan, S., Thabrany, H., Tangcharoensathien, V., Wiseman, V., & Liverani, M. (2025). Can Indonesia achieve universal health coverage? Organisational and financing challenges in implementing the national health insurance system. *SSM - Health Systems*, *5*, 100138. https://doi.org/10.1016/j.ssmhs.2025.100138

Tandon, A., & Cashin, C. (2021). Financing Universal Health Coverage: Policy Options for Emerging Economies. *Health Systems & Reform*, *7*(1).

Tok, E., Yesuf, A. J., & Mohamed, A. (2022). Sustainable Development Goals and Islamic Social Finance: From Policy Divide to Policy Coherence and Convergence. *Sustainability*, *14*(11), 6875. https://doi.org/10.3390/su14116875

Voto, T. P., Voto, B. E., & Ngepah, N. (2025). The Impact of Out-of-Pocket Health Expenditure and Public Health Expenditure on Poverty in Sub-Saharan Africa. *Economies*, *13*(5), 134. https://doi.org/10.3390/economies13050134

Wasti, S. P., van Teijlingen, E., Rushton, S., Subedi, M., Simkhada, P., Balen, J., Adhikari, S. R., Adhikary, P., Balen, J., Bajracharya, B., Bhandari, S., Bhattarai, S., Gautam, S., Karki, A., Karki, J. K., Koirala, B., Lee, A. C. K., Marahatta, S. B., Neupane, R., … Wasti, S. P. (2023). Overcoming the challenges facing Nepal's health system during federalisation: an analysis of health system building blocks. *Health Research Policy and Systems*, *21*(1), 117. https://doi.org/10.1186/s12961-023-01033-2

Wicaksono, D. A., & Hantoro, B. F. (2023). *Struggle for Eco-constitutionalism: The Role of the Constitutional Court in Realising the Right to a Good and Healthy Environment in Indonesia* (pp. 27–49). https://doi.org/10.1007/978-3-031-46142-2_3

World Bank. (2022). *Universal Health Coverage in East Asia and the Pacific*. World Bank.

World Health Organization. (2025). *World Health Statistics 2025: Monitoring Health for the SDGs*.

World Health Organization, & World Bank. (2022). *Tracking Universal Health Coverage: 2021 Global Monitoring Report*.

Yasin, N., & Hafeez, K. (2023). Three waves of immigrant entrepreneurship: a cross-national comparative study. *Small Business Economics*, *60*(3), 1281–1306. https://doi.org/10.1007/s11187-022-00656-z

Yokobori, Y., Kiyohara, H., Mulati, N., Lwin, K. S., Bao, T. Q. Q., Aung, M. N., Yuasa, M., & Fujita, M. (2023). Roles of Social Protection to Promote Health Service Coverage among Vulnerable People toward Achieving Universal Health Coverage: A Literature Review of International Organizations. *International Journal of Environmental Research and Public Health*, *20*(9), 5754. https://doi.org/10.3390/ijerph20095754