
The Evaluation of Major Components of the Corporate Social Responsibility in West Papua's Health Sector

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Abstract: *This study aims to evaluate four major components of corporate social responsibility (CSR) in the health sector of West Papua, Indonesia. Using four components of CSR suggested by Hung Chen (2011), namely accountability, transparency, competitiveness and responsibility, the main objectives of this study are to identify current health problems including social issues involved and to assess the components of CSR in the health sector in West Papua. This study applies descriptive study utilizing both elements of quantitative and qualitative approaches and employs Dok 2 Provincial and Dian Harapan hospitals as case studies. The purposive sampling method is used to approach the directors, health workers, patients of both hospitals for interviews, in addition to a large number of observations and document analyses. The findings show that the hospitals have attempted to provide maximum health care and have shown high dedication to provide adequate healthcare despite some challenges in the limited number of health workers and facilities available to accommodate Papuans' need and expectation in the healthcare system.*

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Financing and insurance issues regarding health service expenses constitute another issue that needs serious attention and immediate action. In terms of the evaluation of the major components of CSR, accountability and transparency have not shown maximum implementation in the health sector in Papua.

Keywords: *Corporate social responsibility, health sector, West Papua.*

1. Introduction

West Papua, one of the provincial governments in Indonesia, is located in the western half of New Guinea Island, the second largest island in the world. Indonesia has incorporated West Papua and assigned it as a province since 1963, a year after the Kingdom of Netherland left the territory. The Province of Papua is the official name of West Papua now. Since it has officially become part of Indonesia, the central government of Indonesia through various efforts and programs has been significantly encouraged to accelerate development for the welfare of the people of Papua. Despite the fact that the province has abundant natural resources and rich biodiversity and geodiversity, West Papua has faced serious challenges to accommodate the need and expectations from people through the important sectors of education, health, economy or infrastructure.

The government of Indonesia, in seeking solutions for the challenges, has adopted a governmental policy designed to reduce a significant development gap in Papua compared to other regions. The policy aims to provide the same opportunities for West Papuans to develop their region and achieve prosperity and welfare by respecting the principle of justice and even distribution. Special Autonomy is the name of the policy where Law No. 21 in 2001 and the revision of the Government Regulation in Lieu of Law No.1, in 2008 were the ruling legislations. Indonesia's main motivation in developing the policy is to regain and build West Papuans' trust in the government. However, in more than 10 years' process of

implementation, the policy has not fully touched Papuans' hearts. Many Papuans even believe that the implementation of Papua's Special autonomy has failed (Suryawan, 2011). Motte (n.d) emphasized the failure of West Papua's special autonomy, causing the West Papuan people's demand for freedom. In his article, Motte stated four main reasons for the failure, such as human right violations towards West Papuans, the political history of West Papua's integration to Indonesia, unfair distribution of wealth and the discrepancy of social services and economy.

One of the main program priorities mandated by the Government Regulation of West Papua's special autonomy is to develop the health sector for Papua province. The development of the health sector in West Papua is intended to save Papuans from generation to generation and to provide a positive contribution to development from other factors. However, facts show that the health sector in Papua is still far from the expected standard. The Secretariat General of the Parliament, through a working visit to the Province of Papua by Commission IX of the House of Representatives in the Republic of Indonesia on 7-10 December 2014, published a report portraying the condition of the health sector of West Papua. The report showed serious issues; that, for the whole of Indonesia, Papua has the highest mother and infant mortality rate and HIV prevalence with some major epidemic diseases, such as malaria, acute respiratory tract infectious disease, diarrhea and cholera.

What surprised the researchers was that the special autonomy fund to manage the health sector has always increased from year to year. The statement of the Governor of Papua Province, Lukas Enembe, on the Papua Online News on 20 April 2016 claimed that special autonomy fund allocation for the health sector increased from 16 billion rupiahs in 2013 to 17 billion rupiahs in 2014. However, the report showed that lack of health infrastructures and health workers, especially in remote areas, have still become the major issues of Papua's health sector. Although many researchers have conducted various evaluation studies in regards to special

autonomy fund distribution, most of the studies cover all sectors, such as education, health, economy and infrastructures at the same time, and have failed to provide deeper analysis for any one particular sector.

This study, therefore, evaluates Corporate Social Responsibility in the health sector for Papua using the components of accountability, transparency, competitiveness and responsibility suggested by [Hung Chen \(2011\)](#) and [Hung Chen and Wongsurawat \(2011\)](#). In researching the roles of the four components in addressing Corporate Social Responsibility in Taiwan companies, Hung Chen suggested that they play a dominant role towards CSR. The study will, firstly, give a description of health sectors; secondly, identify the main issues and capacities of Papua's health sector and lastly evaluate four components of CSR. The study provides additional inputs for the government to solve, or at least to alleviate the potential issues involved in the health sector in West Papua, Indonesia.

2. Major Components of Corporate Social Responsibility

This study utilizes four major components of CSR advised from the research of [Hung Chen \(2011\)](#) and [Hung Chen and Wongsurawat \(2011\)](#). They conducted research in 185 companies in 2009 by distributing questionnaires designed to assess the proposed CSR model with four latent factors and thirteen observation indicators. Analysis of the confirmatory factors indicated that the four components have significant correlations and the structure of the second-order factors fits the observed data well. Therefore, the four constructs of accountability, transparency, competitiveness and responsibility played a dominant role in CSR. Accountability means the degree to which an organization openly acknowledges the actions, products, decisions and policies of their administration, governance and implementation within the scope of their roles; and that includes the obligation to report and explain the consequences in which the measurement notes any signs of openness and answerability. Transparency encompasses the degree to which an

organization removes the barriers to free public information from the organization, gives clear information consistent with the law and policy and whether it rapidly discloses information the public can use to make a decision. Frederick (1994) measured transparency through four principles, such as; clarity of responsibility and firm objectives; the process used to formulate and report policy decisions; the availability of information and accountability and the assurance of integrity. Competitiveness means the degree to which an organization builds relations with the stakeholders, from whom it requires commitment and trust. It is measured by whether or not the organization shows its desire to maintain the relationship and ensure its commitment and the high quality of its communication through relevant, timely and reliable methods. Responsibility means the degree to which an organization adheres to regulations, maintains focus on the welfare of employees, community, and society and shows its commitment to do so. TRM approach for helping companies to think through the pressures and pro-social activities is the measurement of responsibility.

Discussion of the issues of CSR in the health sector in Papua is important, because it relates to multiple stakeholders, the way in which they make a profit how that affects people's health problems. The health sector also relates to regulatory compliance, labour shortages, technological advancement, and international quality standards, all of which cause difficulties to its operations. Social issues involved in the health sector cannot be separated when assessing CSR. Carroll (1979) stated that social issues have a direct impact on CSR and that they are essential to take into account for its success. Therefore, this study considers social issues suggested by Holmes (1976) such as community's requirements of an organization's functions and its ability to accommodate their needs; the urgency of the needs of society; the interests of top management or executive; the value of public relations to social actions and the government's pressure. The social issues for the health sector in Papua will address these five indicators.

3. Research method

This study applies a descriptive method that utilizes elements of quantitative and qualitative approaches and employs the case study to explain social issues and components of CSR in the health sector. The descriptive study describes a behavior or type of subject rather than seeking any specific relations or correlating two or more variables (Borg & Gall, 1989). To give a description of the health sector, to identify social issues involved and to evaluate the components of CSR for the health sector, the study used a number of interviews, observations, and analysis of secondary sources and employed the purpose sampling method to approach the participants. Dok 2 - Papua's provincial hospital and Dian Harapan hospital are the two health institutions in Papua province used as the case study. The reasons the researchers use both institutions are due to their location in the capital city of the province and their position as referral hospitals in Papua.

The researchers approached the directors, medical staff and patients at both hospitals, as well as society, to investigate their own perceptions in regards to the health care in Papua and to identify the main health issues. In order to have a better understanding of the healthcare situation in the research objects, this study also used a number of observations. The observations are important to prevent discrepancies, between what people said and the reality. In addition, this study used secondary data sources, such as existing strategies, policies, and practices as well as current healthcare regulations to depict healthcare conditions and to confirm the results of interviews and observations. Data collection took place in Jayapura (the capital city of Papua province) and used Indonesian and Papua's native languages as two common languages.

4. Findings

4.1 Description of the Health Sector in Papua

The Ministry of Health in Indonesia, through its 2015 Strategic Plan, stated that the purpose of the development in the health sector is to increase awareness, willingness, and ability to live a healthy life for everyone, in order to achieve the highest degree of public health. The availability of qualified health workers in sufficient quantity and of adequate healthcare facilities are essential for health development, so everyone in the area can enjoy better health services with relatively easy access.

The description of the health sector in Papua in this study was measured through some key indicators, such as the ratio of current doctors and dentists, medical staff, community health services and health centers and used the secondary data from 2013. This study used the population in 2013 per regency/municipality to measure the extent of the healthcare coverage provided by health organizations. Pusdatin (2013) explained that the estimate of the population in Papua until 2013 is 3,310,715 in 28 regencies/1 municipality, of which the city of Jayapura has the highest population, reaching 299,951 people, followed later by Jayawijaya and Merauke, which respectively reached 229,119 and 228,688 people. The smallest population was in Supiori, reaching 18,548 people. Table 1 explains the health information in Papua through the current ratio of general doctors and dentists, the current ratio of medical staff, health care coverage and health facilities.

The ratios of general practitioners and dentists in Papua per 100,000 population of regency/municipality show a range of 0.0 – 88.0 for the general doctor ratio and 0.0 – 14.3 for the ratio of dentists. The city of Jayapura is the only area whose ratios of general doctors and dentists exceed the national target of 40 for the general doctor and 11 for the dentist ratio. The ratio of nurses ranges from 186 to 506.8 while that of midwives from 0.0 to 139.6 per 100,000 people. The nurse ratio shows that 15

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regencies/municipalities in Papua have the ratio of more than that of the Healthy Indonesia standard of 117.5%, and even the ratio of the provincial level is more than that of the national standard. The ratio of midwives shows that 5 regencies' midwives ratios exceed the national standard of 100 midwives per 100,000 people.

Deliveries assisted by health personnel; immunization coverage against measles; and health care coverage of children under five in the province of Papua are the indicators of the health service. Secondary data analysis shows that the service coverage of childbirth assisted by skilled health personnel at Papua Province indicates that the ratio of deliveries assisted by skilled health personnel in many regencies/municipality is far from the Strategic Plan 2013 at 89%. The ratio for the provincial level amounts to 33.31, still far from the standard of the Strategic Plan. The measles immunization coverage of Papua Province in December 2013 shows that many regencies in Papua have not performed at the maximum level to provide the measles immunization service. Indonesia's national target of immunization coverage standardized by the WHO is 90%, Asmat, Mimika, Digoel, and Merauke are the regencies that accomplish the amount. The remaining 25 regencies have not yet reached the target set by WHO. The health care coverage of children under five shows insufficient health care of that group in the regencies in the province. The Strategic Plan 2013 at 83% is much higher when compared with the service conditions. Despite the missing data in some regencies, available data and its analysis have implied that the health care needs to get the very serious attention of the Province, regencies, and municipalities.

The health facilities are a decisive factor in streamlining health services to the society. The facilities in the study are described by the number of hospitals, both private and public, which emphasize the number of health centres per 100,000 population. Data collected from Ditjen-BUK in 2016 shows 35 hospitals in total in Papua. The government owns 26 general hospitals and 2 specialized hospitals, while private organizations, 7 general

hospitals. From 26 public hospitals, the regencies in Papua have 18 hospitals while the military/police have 6 hospitals and the provincial government 2 hospitals. Of 2 specialized hospitals, the provincial government has 1 hospital and the regency 1 hospital. The total of hospitals in Papua has to accommodate the healthcare of the people living in Papua. The ratio of Papua province's health clinics shows a range of 4 - 37.93, owned by the city of Jayapura and Pegunungan Bintang. The ratios of health centres in some regencies are still far from that of the province of Papua at 11.81, showing us an insufficient number of available health centres which cannot provide adequate health services to the community.

4.2 Social Issues Involved in the Health Sector

Social phenomena that have occurred and impacted on health services in Papua need serious attention. The facts show that the social phenomenon significantly changes in line with the time, the development of information, the change of technology and other developments. This phenomenon also differs from one industry to another, so it is difficult to generalize. Sandra Holmes (1976) identified social phenomena most often found in the organization's operations and services to the public. Five things are advised to be considered: the needs of the community in relation to the function of the organization and the ability to meet the needs; the urgency of the needs of society; the interests of top management or executive; public relations or the value of social actions undertaken, and the pressure of the Government.

Social issues that affect the health sector in Papua Province have affected the implementation of Corporate Social Responsibility. Here are the identification of social issues and their effects on health issues in Papua. From interviews, observation, and secondary data analysis, this study can identify and evaluate the social issues involved in the health problems. The General Hospital of Dok 2 representing the government hospital and Dian

Harapan Hospital which represents the private hospital will show social issues in Papua's health sector.

4.2.1 Dok 2 Provincial Hospital

Dok 2 hospital is one of the public hospitals, situated in the province of Papua and built in 1956 by the Government of Netherland. As one of the public hospitals in Papua, Dok 2 is a referral hospital for all regencies and municipalities as well as the centre for public health services, education and health research and development in Papua. In carrying their responsibility, Dok 2's missions are to provide excellent standards of health services and to contribute to health education and research in order to support excellent services to the people. Dok 2 has a duty to provide health services in effective, efficient, harmonious and unified ways, to improve public health.

Dok 2, in accordance with the basic tasks and functions of the organization, has committed to providing health services to the community and continually improving the degree of the service. This organization functions in line with the needs of the community, which is to provide adequate health care. People essentially call on the service to provide healing, and all of the treatment given aims to provide maximum healing, so the patients do not need to get another type of treatment. This hospital principally provides both adequate health care to the community and the best service to satisfy the public. Some limitations, such as limited human resources, inadequate facilities and infrastructure are the reasons that not all people's needs are met. The issues that arise in this hospital are the limited human resources, both in quantity and quality, inadequate facilities and the infrastructure of the health service. Results of interviews showed that in any one particular area of the health service, health workers are available yet limited by incomplete facilities or vice versa; facilities are available but limited by human resources.

The health sector in Papua urgently needs immediate action on various aspects. The highest number of people with HIV-AIDS in Papua in Indonesia is one of the most urgent matters needing serious attention. The results of interviews show that HIV-AIDS treatment facilities in the hospital are quite sophisticated for eastern Indonesia and that the human resources with good skills and HIV-AIDS knowledge in this area are sufficient. Although the HIV-AIDS cases still increase from year to year, treatment continues to run well. One of the preventive actions, which of circumcision, has been notably effective and has got sponsorship from international agencies. Nevertheless, additional skillful medical personnel and budget increase are two important factors that the hospital still needs to take into account.

In addition to conducting daily service to the community, the hospital also has an ongoing basis of social care activities. Junior and senior doctors in this hospital together conducted counselling activities to HIV-AIDS patients. The hospital also has promulgated policies in helping patients, both Papuans and non-Papuans and some national and local insurances are available to support the healthcare cost. The hospital basically serves anyone, regardless of their status and background.

Top management of the hospital, in this case the director and deputy director of the Dok 2 hospital, in order to perform their roles, need to respond and get feedback from the public. The direct observations indicate the existence of a suggestion box that accepts input, correction, and evaluation from the community regarding the services. Top management normally uses the suggestions as an evaluation of the service and performance of subordinates. Any negative response and public reaction usually come from the medical services rendered. The limitations of medical workers and health facilities to accommodate a large number of patients are the main reasons for negative responses. However, such a response, either negative or positive, has become common for the health workers in this hospital. The performance of top management is measured

by the performance assessment system called DP3. The hospital also needs to obtain accreditation and one of the accreditation criteria requires an assessment of the performance of top management.

The use of government health insurances such as BPJS and KPS is a challenge for the hospital. The standard set out in the health care from BPJS or KPS is less than the actual cost. Claims incurred therefore exceed the amount budgeted in the insurance. One example is the issue of KPS where the local government is targeting the health services fund by a certain amount and certain time frames; for example the government provides 12 billion rupiah per year (1 billion per month) for healthcare. The hospital, on the other hand, has recorded actual costs of more than 1 billion per month and consequently results in a deficiency. Another example is that BPJS only provides standard services, such as treatment for malaria at IDR 5.000.000 (around NZ \$500) for a period of five days. The problems arise when the actual treatment time exceeds the time frames targeted.

4.2.2 Dian Harapan Hospital

Dian Harapan Hospital is one of the private hospitals located in Jayapura. The vision of the hospital is to provide love in the form of health care for the community. This then becomes the function of the organization in responding to the community need of services from the hospital. The hospital, as a service provider in implementing both its vision and mission, strives to provide quality healthcare for people in Jayapura and Papua in general. It is consistent with a survey conducted by Sulle (2015) in relation to customer satisfaction; involving 120 patients at Dian Harapan Hospital who had received hospital services. The responses of those patients show satisfactory results. Sulle (2015), in order to measure customer satisfaction, focused on a number of factors such as reliability, capture power, assurance, empathy and tangible results and the result is very consistent; indicating that customers are happy to get hospital services.

Top management of the hospital has been performing its duties in accordance with its responsibilities. The role of the board of directors is to help oversee top management in providing and supporting the health services. The hospital continues to evaluate the performance of management in order to increase their climb of the career ladder. The implementation of accreditation rules requires the hospital to continuously assess the performance of top management. External auditors or independent auditors from outside regularly audit the hospital. The procedure is that the hospital appoints an external auditor to perform the audit. The auditors continually performed the audit in previous years to show management's responsibility for the use of funds and donors from abroad, but the hospital has not receipted any donors in the last two to three years, so no audit exists. Several times the hospital hires the external auditors from outside Papua because it had difficulties in getting an independent auditor in Papua.

The availability of adequate finance is one of the issues arising in the effort to meet customer needs. The hospital financing system mainly consists of both national and social insurance. One of the national health insurances, as determined by the Government, is BPJS, which has a smaller tariff compared to the actual costs incurred by the hospital. The hospital as a service provider often faces the provision of services along with soaring costs. One of the efforts to solve this problem is that the hospital tries to identify potential revenue through the cross subsidy. The hospital offers the executive or first class inpatient service with a slightly higher tariff, so the revenue can subsidize the shortcomings of BPJS and other patients who are less financially able.

In addition to insurance issues with the tariff set by the government, the hospital must comply with government regulations, consistently complying with the government standard services. So far there are no barriers because the government basically supports the efforts of hospitals in the health service to the community. Despite changing government

regulations, the government adequately understands the difficulties of health centers in underdeveloped areas in providing health service.

4.3 Major Components of Corporate Social Responsibility

Hung Chen (2011) presented a procedure for identifying a corporate social responsibility and showing how far an organization implements their CSR. The research constructed a model of CSR influenced by the four core components, such as accountability, transparency, competitiveness and responsibility. The results showed that the models played a dominant role towards CSR. In developing business strategies, companies need high commitment to take accountability and transparency as a priority to strengthen their competitiveness and generate responsibility, which in turn leads to successful CSR. The study describes major components of CSR implementation in Papua's health sector for Dok 2 provincial hospital and Dian Harapan Hospital.

4.3.1 Dok 2 Provincial Hospital

The first component of CSR evaluation is the accountability aspect. The results of interviews, observations, and secondary data analysis indicate that Dok 2 is sufficiently open to all requests or receipt of the information needed for improvement of hospital services in the future. The suggestion box, openness to researchers to conduct research and being responsive to the Finance Inspectorate which compiles the financial reports and the audit carried out by government auditors show commitment to accountability by the hospital. As referred as a teaching hospital, Dok 2 is also open to all forms of innovation in research and development. However, due to complex regulatory and administrative systems as well as unavailability of the online information through annual reports and websites, the participants coming from other researchers and local society have difficulties in accessing information. The hospital is currently formulating its strategy as a national referral hospital and trying to make it happen.

Competitiveness is the second major component of CSR implementation, where the reputation, cooperative relationship between the company and stakeholder, both requiring commitment and trust are measured. The results show that the hospital has seriously considered the importance of reputation. Firstly, the hospital commits to following the national accreditation standard to maintain their reputation. Secondly, as a teaching hospital in Papua, it continues to make the effort to keep its reputation in accordance with the accreditation standards. Lastly, the hospital to achieve its desire to be a national referral hospital, continuously improves service quality and management. This also indicates the cooperative relationships with the stakeholders. Another important point is the hospital's willingness to establish cooperative relationships with institutions both in the country and abroad. International agencies like the World Health Organization (WHO) have been building relationships and cooperation in combating HIV-AIDS. Cooperation with the AIDS Eradication Commission in Papua continues to be encouraged.

The code of good practices on transparency suggests that a company should focus on the principles of transparency, and these have become measurements of this study. The results show that Dok 2 has defined roles, responsibilities, and objectives, and has outlined them clearly in its organizational structure. Disclosures of the process used to formulate and report the policies and decisions exist, despite no formal standard given for the formulation. The demands of accreditation have made the hospital publish a policy report. The hospital is also quite open to the public in allowing it to access information. Information is released for clear purposes and or solely used for the improvement of services in the future. Nonetheless, the hospital has not highlighted to the public many of the successes it has achieved. Healthcare for people with HIV-AIDS is very good but many people have not known, and they need to know this. Therefore, ongoing promotions are necessary.

The last aspect is responsibility in CSR implementation. The interview from one of the participants emphasized that the health service to the community is the responsibility of the Department of Health in Papua Province and that the hospitals accept the authority to manage it. Dok 2 hospital remains open and shows its determination to manage and carry its responsibility for health services both inside and outside the hospital. The hospital also performs social services outside its walls as a form of its responsibility as an arm of the Department of Health. Dok 2 continues to show its commitment and responsibility in providing health services to the community.

4.3.2 Dian Harapan Hospital

Accountability to the public in the CSR of Dian Harapan Hospital clearly exists. Through the disclosure of information concerning a variety of needs, the hospital has maintained its definition as a health care provider. The hospital is also quite open to the public in presenting information, in various forms, about the provision of medical services and information for the purposes of research and development in the future. The management strategy orients more towards sustainability. In principle, the hospital is trying to maintain existing achievements or even upgrade it in a better direction. The strategic plan of the hospital is to become a complete type C hospital for the province of Papua in terms of health facilities, service flow, and human resources. The hospital also aims to increase its revenues for the welfare of employees without reducing the accessibility of public health services.

In order to maintain its reputation before the public, the hospital undergoes accreditation. An independently approved team assesses the accreditation with international standards adopted by the Ministry of Health. The accreditation will show whether the hospital has been providing safe health care to the public. Accreditation has applied both in 2012 and in December 2015. Currently, the hospital is preparing for

accreditation. The hospital is open to cooperation with external parties. Several cooperative relationships with international institutions have had significant impact on the operation, but that has come to an end this year.

The Director of the hospital ensures that all parties have understood the duties, responsibilities and objectives of the organization. Division and delegation of tasks given in the beginning of the programming time are important, along with discussion of the program and budget. The process of formulation and reporting decisions and policies has clearly depicted the objectives and has been presented to the management and staff. Each individual in the hospital has to understand this policy. Hospital policies related to health care are quite open to the public. Patients have the right to obtain health services and inquiries when necessary. Vision, mission and basic values of the hospital help management and staff to maintain its integrity in the health service. This is also consistent with the opinion of the patients who receive such services.

The hospital has demonstrated its responsibility through health care to patients within it, as well as outreach outside the hospital. The hospital realizes its social role in society. Some counselling activities in student dormitories, about the dangers of HIV-AIDS, takes place, and eye surgery is performed outside the hospital as a form of social participation. The hospital has shown its commitment to serving the community, both Papuans and non-Papuans, in Jayapura and Papua region in general.

5. Conclusion

The health sector in Papua needs to seriously address the crucial issues, such as lack of health workers and inadequate health-care facilities that have a direct negative impact on the coverage of health services. Financing of the health services is another issue that also needs an immediate response. Law No. 44 in 2009 about Hospital; Chapter IX, financing, Article 48 (1) states that the finance of a hospital can come from hospital

revenue, the government budget, government subsidies, local government budget or others that are non-binding in accordance with the provisions of the legislation. However, central and local governments' insurance policies have smaller tariffs than the actual expenses incurred in the hospitals. Private hospitals like Dian Harapan hospital, which heavily relies on its own generated income and does not receive government's subsidies, have encountered this problem.

Despite these challenges, both Dok 2 and Dian Harapan hospitals have attempted to implement maximum health services according to the needs of society. The hospitals work in accordance with Article 4 and 5 of Law No. 44 in 2009, regarding the duties of hospitals - that the hospital has the task of providing personal health services with high hospital standards; improving individual's health through complete health services appropriate to their medical needs; increasing capacity to provide health services through the provision of education and training of human resources and implementing research, development and screening technology in the health sector to improve health service to the community.

Evaluation of major components of CSR in this study, accountability and transparency issues need a significant development. Public disclosure of information through availability of annual reports and websites needs to be provided. Negative responses from patients about health services need to be followed up and actions need to be taken to solve the problems. An increase in health workers with better quality, additional health facilities and adjustment of government's insurance policies to the actual healthcare expenses can reduce these issues.

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Legislations

Indonesia Government Regulation in Lieu of Law No.1 in 2008 (previously Law No.21 in 2001), article No. 43 chapter XI. The protection of the “adat” rights or local customary rights

Law No. 44 in 2009 about Hospital

Table 1: The Ratio of Health Workers, Health Services and Health Centres in Papua

Regency/Municipality	Ratio of Health Workers				Ratio of Health Services			Ratio of health centers
	General Practisers	Dentists	Nurses	Midwives	Deliveries assisted	Immunization against measles	Healthcare < 5 children	
Jayapura City	88.00	14.30	286.10	70.70	38.50	87.07	2.50	4.00
Jayapura Regency	37.50	3.10	122.30	37.50	82.70	nd	0.60	14.53
Nabire	34.90	3.30	245.10	80.40	120.03	nd	21.70	17.13
Merauke	29.70	6.80	179.70	96.60	77.35	90.64	1.30	8.75
Mimika	29.20	3.30	242.20	58.30	25.67	91.94	65.50	6.11
Biak Numfor	22.90	4.40	234.20	89.80	26.03	63.01	1.50	11.47
Kepulauan Yapen	20.60	4.10	365.20	86.70	19.19	nd	nd	13.41
Boven Digoel	15.30	0.00	293.00	139.60	84.88	91.13	0.70	30.68
Sarmi	10.40	2.60	179.10	88.30	74.84	84.04	6.30	23.36
Asmat	10.10	0.00	211.20	102.80	nd	92.36	nd	14.53
Jayawijaya	7.40	1.30	154.10	47.10	29.17	10.22	8.00	5.67
Keerom	7.00	3.50	104.00	31.70	52.14	nd	8.00	14.11
Puncak Jaya	5.10	0.00	143.60	34.70	15.91	34.39	nd	6.77
Waropen	3.50	0.00	479.30	90.30	nd	48.30	nd	34.73

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			171.9	102.7				
Mappi	3.10	0.00	0	0	48.53	88.04	48.90	11.53
Pegunungan Bintang	2.60	0.00	77.20	58.90	16.41	21.83	12.20	37.93
Dogiyai	2.00	0.00	72.10	33.50	8.25	nd	nd	10.16
Paniai	1.10	0.00	95.90	26.20	10.14	21.59	1.10	10.04
			175.4					
Intan Jaya	1.00	0.00	0	10.10	5.95	2.53	nd	12.68
Deiyai	0.00	0.00	85.40	33.10	nd	3.12	nd	13.78
Lanny Jaya	0.00	0.00	66.30	25.90	nd	4.52	nd	5.76
Mamberamo			470.7	102.5				
Raya	0.00	0.00	0	0	6.03	29.16	nd	32.62
Mamberamo								
Tengah	0.00	0.00	99.60	41.10	26.25	37.56	nd	10.82
Nduga	0.00	0.00	41.10	31.40	2.81	nd	3.70	8.66
Puncak	0.00	0.00	22.90	10.10	nd	nd	nd	6.77
			506.8	129.4				
Supiori	0.00	0.00	0	0	37.69	nd	6.60	26.96
Tolikara	0.00	0.80	99.60	65.10	nd	8.76	0.80	18.70
Yahukimo	0.00	0.00	76.50	17.20	10.71	11.49	nd	16.13
Yalimo	0.00	0.00	18.60	0.00	31.48	6.39	4.10	11.80
Provinsi Papua	18.40	2.70	166.3	58.00	33.31	50.35	8.40	11.81
National Target	40.00	11.00	117.5	100.0	89.00	90.00	83.00	nd
nd: no data found.								