THE RIGHT TO HEALTH AS A HUMAN RIGHT IN ACCESS TO SERVICES FOR MARGINALISED COMMUNITIES

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ABSTRACT

Objective: This research aims to explores how to guarantee the right to health for marginalised groups, examines systemic barriers to accessing health services, and evaluates the role of government policies and health insurance programmes in reducing the healthcare gap.

Research Design & Methods: This research uses a qualitative method with a literature review approach, where literature related to health rights and health insurance policies for marginalised groups are the main sources in analysing the problems and solutions. This approach allows for an in-depth understanding of the issues faced by marginalised groups in accessing health services as well as the role of government policies in addressing these disparities.

Findings: The Indonesian government is obligated to ensure the right to health for all individuals, including marginalised groups, through an inclusive health system supported by legal frameworks and health insurance programmes like Health Social Security Administering Body (SSAB), JKN-KIS, and Prolanis, which help reduce disparities in access to health services.

Implications & Recommendations: To reduce the health access gap, the government must develop inclusive policies, collaborate closely with community organizations, and prioritize infrastructure and resource distribution in remote areas to ensure equitable health services.

Contribution & Value Added: This research emphasizes the importance of protecting the right to health for marginalised groups, the role of government in ensuring equal access through health policies, the need for a strong legal foundation, and offers practical recommendations for more inclusive and effective health policies.

Keywords: Health Rights, Human Rights, Marginalised Communities

JEL codes: I14, K32, I18

Article type: research paper

INTRODUCTION

The right to health as a human right is a fundamental aspect that must be recognised by the country in ensuring access to health services for marginalised communities, including those living in poverty, minority groups, and remote communities (Mango, 2020). This concept is based on the principle that every individual, regardless of their socioeconomic status, is entitled to adequate health services (Nikiforova, 2022). The country has an obligation to ensure fair and equitable access to health for all people, especially for vulnerable groups who are often marginalised.

Health as a basic human right that ensures access to services for every individual, including for marginalised communities, is an important issue that has received global attention. Research on the right to health as a human right in accessing services for marginalised communities stems from the realisation that health is a basic right that should not be affected by social, economic, or discriminatory conditions. Unfortunately, marginalised communities often face systemic barriers in accessing proper health services, including lack of infrastructure, inequality in resource distribution, and policies that pay little attention to the needs of vulnerable groups, especially during the Covid-19 pandemic. The pandemic has shown greater inequality in access to health services, with marginalised communities often having inadequate access. Therefore, a redistribution of resources and strong regulations are needed to protect and promote the health rights of marginalised communities (Ferguson, 2023).

However, poverty is also one of the main barriers to realising the right to health. Financial inability that leads to "emergency financing" becomes an additional burden for individuals and families who are already struggling to fulfil their basic needs. This condition not only affects the financial health of families, but can also worsen their health status. In many cases, financial inability prevents marginalised communities from accessing basic health services (Putri et al., 2021). Poverty often exacerbates disparities in access to health services, especially in geographically remote and marginalised communities. Challenges faced by these groups include high medical costs, lack of health infrastructure, and geographical barriers that make access to health facilities difficult. For example, research in Ghana shows that people in remote areas, especially those in poverty alleviation programmes, face high drug costs, limited physical access, and lack of adequate financial support from the national health insurance scheme, hindering optimal utilisation of health services (Domapielle et al., 2023). These conditions demonstrate the need for the state to ensure that the right to health is accessible to all its citizens without exception, as stipulated in various international human rights instruments.

In another instance, reliance on emergency financing often deepens the cycle of poverty. Families who are forced to borrow money or sell assets for health costs lose capital that might previously have been used for daily needs or other productive investments, such as education or business capital. As a result, they become more vulnerable to ongoing economic hardship, creating a vicious cycle in which poor health exacerbates poverty, and worsening poverty worsens access to health care (Kwan et al., 2020). Reliance on emergency financing for health needs creates a cycle of deepening poverty, where families lose valuable resources that could have been used for basic needs or productive investments. This not only reduces their chances of escaping poverty, but also reduces quality of life and increases health risks. Under these conditions, poor health exacerbates poverty, while continued poverty limits access to health services, resulting in a cycle that is trapped and difficult to break (Taiwo et al., 2023).

At the international scale, many legal instruments have strengthened the concept of the right to health as part of human rights, for example through protocols that encourage states to provide fair and equitable access to health for all people, including marginalised communities. In the context of the COVID-19 pandemic, it has raised awareness of the importance of an inclusive and equitable health response. The World Health Organization (WHO) and the United Nations (UN), through the revision of the International Health Regulations (IHR) as well as the proposed pandemic treaty, seek to establish a binding legal framework to prevent future inequalities in health access, which often affect vulnerable groups and minorities (Gandhi et al., 2023). In Europe, human rights courts have consistently affirmed the importance of the right to health as part of the right to life and human dignity, encouraging states to improve policies that do not yet support universal health access.

In many developing countries, the right to health is also fought for through community engagement and grassroots activism that demands government accountability in providing proper health services. In Indonesia, community involvement and community activism have played an important role in fighting for the right to health, especially through programmes that demand government accountability. Programmes such as the Healthy Indonesia Program with a Family Approach is one form of initiative that encourages community-based health access improvement, where family health data is collected to design health programmes that suit the needs of local communities (Prasiska & Yaqin, 2023). In addition, civil society organizations, such as those involved in addressing mental health issues, play a role in increasing community engagement and supporting the development of more responsive mental health services in certain areas such as Jakarta and Bogor (Irmansyah et al., 2020). The active involvement of the community in such health programmes demonstrates the importance of community empowerment to demand better and fairer health services.

This rights-based approach to health also encourages collaboration between various sectors, including the health, legal, and social sectors, to create an enabling environment for overall public health. Rights-based policies do not only focus on medical services, but also take into account the social determinants of health, such as education, employment, housing, and the environment. By integrating these aspects, the policy seeks to reduce health inequalities often experienced by vulnerable groups, such as the poor, minorities, and residents in remote areas. The government can establish an effective monitoring and evaluation system to ensure the fulfilment of health rights without discrimination. By providing accurate and transparent health data, the government can identify health inequalities and specific needs of vulnerable groups, and design appropriate interventions. In addition, advocacy and education on health rights are important to empower communities to not only be recipients of services, but also agents of change who fight for access to equitable and dignified health services.

LITERATURE REVIEW

This literature review aims to examine health rights as part of human rights and the challenges faced by marginalised communities in accessing health services. The main focus is on understanding the right to health that includes medical access, social justice, and the removal of systemic barriers. The review will also explore theories, policies, and programmes that support the achievement of equity in health services, as well as the importance of legal protections and inclusive health systems to ensure health rights are equitably fulfilled, especially for marginalised groups.

The Concept of the Right to Health as a Human Right

The concept of the right to health is recognised as an essential element of human rights, confirming that health is a basic right that must be protected and fulfilled by the state. The state has the responsibility to ensure that every individual can enjoy optimal health and access to necessary health services. According to the Universal Declaration of Human Rights (UDHR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), the right to health includes every individual's access to the highest attainable standard of physical and mental health. This includes access to equitable, quality, and accessible health services, as well as preventive and promotive efforts to ensure people's health is maintained.

According to Short (2016), the right to health includes everyone's access to the highest attainable standard of physical and mental health, including access to medical services, healthy food, clean water, sanitation, adequate shelter, and a healthy work environment. States are obliged to protect these rights and support the health well-being of every individual. This concept is also supported by the World Health Organisation (WHO) which stipulates that the right to health is not limited to medical access, but includes social and economic conditions that support healthy living. WHO asserts that states have a responsibility to protect and fulfil this right through inclusive and non-discriminatory policies. The definition of the right to health as a human right emphasises that every individual is entitled to the highest attainable standard of physical and mental health, including access to medical services, healthy food, clean water, sanitation, and a healthy environment. Tognoni & Macchia (2020) point out that the right to health is often marginalised amid economic and market priorities, and in some countries this right is only a declaration without real implementation. Based on the results of this study, it can be seen that the COVID-19 pandemic has strengthened the urgency to make the right to health a fundamental right that must be protected and implemented.

A human rights-based approach to health emphasises that the right to health is universal and does not depend on a person's social or economic status. It also focuses on the responsibility of the state to not only provide adequate health services, but also prevent any form of discrimination that may hinder access to these services. This model emphasises the need for governments to implement policies that protect people's health rights and empower vulnerable groups to fight for their own health rights. The right to health as a human right is the right of every individual to enjoy the highest attainable standard of physical and mental health. It encompasses more than just access to health services, the right to health also includes basic determinants of health such as access to clean water, nutrition, and a healthy environment (Joshi, 2021). According to the International Covenant on Economic, Social and Cultural Rights (ICESCR), this right is based on the principle that health is a fundamental right, not just a medical right, but the right to live in conditions that favour optimal health (Beck, 2013).

The Right to Health for Marginalised Community

The right to health for marginalised communities is a basic right that is often difficult to realise due to structural, social and economic discrimination barriers that limit their access to quality health services. These three factors create a continuous cycle that further alienates marginalised groups from their basic right to quality health services, both for basic and specific medical needs. Addressing this inequality requires immediate and comprehensive solutions to build a truly inclusive health system that addresses the unique needs of each communities.

Cheraghi-Sohi et al., (2020) suggested that marginalised communities are those 'outside mainstream society,' who experience health inequalities and often face higher patient safety incidents in healthcare. These groups include ethnic minorities, low socio-economic status groups, and the elderly in long-term care facilities. Meanwhile, Liu et al., (2023) describe marginalised communities as populations with "stigmatised social identities, who experience multidimensional discrimination from various social systems. According to them, this marginalisation creates significant barriers to mental and physical well-being, affecting people from racial minority backgrounds, gender non-conformist groups, and individuals with low socio-economic status. In general, marginalised communities are defined as those who are outside the mainstream of society and face difficulties in accessing basic rights and services due to social, economic, cultural or political barriers.

National Commission on Human Rights (Komnas HAM) focuses on the importance of protecting and fulfilling the right to health for these vulnerable groups to reduce discrimination and disparities in access to health services in Indonesia. The following are the marginalised communities related to health rights according to National Commission on Human Rights (Komnas HAM), as well as the reasons they are considered vulnerable in the context of access to health services:

1. Individual with disabilities
   Face various challenges in accessing health services, including systemic discrimination, lack of disability-friendly facilities, as well as physical accessibility limitations that hinder them from receiving proper medical care (Carter et al., 2023).
2. Low Income Population
   Are often trapped in a cycle of poverty and poor health due to financial limitations, unhealthy environments, lack of access to nutritious food, and low capacity to access preventive and curative health services (Dwivedi et al., 2007).
3. Drug Users and Homeless People
   Often experience exclusion from the healthcare system due to the inherent social stigma, which further worsens their health condition due to lack of access to rehabilitation, mental health, and infectious disease prevention services (Cross & Atinde, 2015).
4. People Living Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)
   Not only do they face medical challenges in managing their disease, but they also have to fight against stigma and discrimination from both society and medical personnel, which often hinders their access to treatment and ongoing care.
5. Religious and Ethnic Minority Groups
   Often experience identity-based discrimination, which can limit their access to quality health services, whether through policy inequalities, lack of cultural understanding in medical services, or prejudice from health workers (Ellemers & Jetten, 2013).
6. Elderly
   Geriatricians face major challenges in obtaining health services that meet their needs, due to limited geriatric health services, lack of social health insurance, and the increasing need for long-term care that is often unaffordable.

7. Migrant Workers
   Often experience difficulties in accessing health services due to unclear legal status, language barriers, lack of health insurance, as well as discriminatory policies in destination countries that limit their right to proper medical care (Carter et al., 2023).
8. Indigenous Peoples
   Face geographical and structural barriers to accessing health services, mainly due to the remoteness of their homes, lack of medical personnel in their areas, and health policies that do not take into account culture-based approaches and local wisdom.
9. Children
   Are highly vulnerable to health neglect due to lack of access to immunization, adequate nutrition, and medical services oriented to their growth and development needs, especially in poor communities or remote areas (Danaher et al., 2013).

These marginalised communities experience increased discrimination, limited access to customised health services, and increased vulnerability during crises. Health crises or emergencies tend to worsen their conditions due to increasingly limited access to health services tailored to their specific needs, such as reproductive health services, treatment for HIV/AIDS, and disability-friendly and gender-sensitive care. In times of crisis, attention and prioritisation of public health services often focus on the general population, leaving these groups facing increased vulnerability due to limited health infrastructure, stigma, and discrimination inherent in society and the health system. As a result, these inequities magnify health disparities and affect their quality of life and well-being, underscoring the need for inclusive health policy reforms to protect the health rights of every individual without exception.

The Role of Public Policy

Public policies have an important role to play in ensuring that the health rights of marginalised groups are equitably and effectively fulfilled. In some contexts, inclusive health policies help create equal access to health by giving marginalised groups a voice in decision-making regarding the allocation of health resources. Inclusive public policies are crucial in ensuring that marginalised groups have equal access to health services. By involving such groups in decision-making, health policies not only reflect the needs of society as a whole, but also take into account the unique perspectives of groups that are often marginalised. Giving them a voice in the health resource allocation process can increase public trust in the health system and reduce dissatisfaction.

A public policy that focuses on equality and social justice is needed to address the health inequalities experienced by marginalised groups. By designing programmes that cater to their specific needs, the government can ensure equal access to quality health services. This includes improving health facilities, educating the public about health rights, and active participation of marginalised groups in policy formulation. This approach contributes to the creation of an equitable health system, where all individuals can enjoy the right to health without discrimination. Verulava (2021) research supports the concept that access to health is a state responsibility, where public policies should ensure that all citizens, regardless of socioeconomic status, can access health services. This aims to improve quality of life while reducing social health disparities.

Several studies show that this inequity in access is influenced by various barriers, such as the digital divide and limited economic capacity. Research from Triguswinri & Afrizal (2021) highlights the role of digital philanthropy platforms such as KitaBisa.com that seek to alleviate health problems through donations, but limited access to technology prevents groups without digital capital from utilising the assistance. The COVID-19 pandemic is a clear example of how health mitigation policies can affect vulnerable or marginalised groups. Pradana et al., (2021) emphasised that effective health services and community preparedness are crucial in dealing with emergencies such as a pandemic. They found that policies that focus on empowering health workers and community-based education can help vulnerable groups cope with ongoing negative impacts after the pandemic.

Craddock (2022) showed that the model of public engagement through women's health networks (WHNs) in the UK can be an example of an effective approach in engaging marginalised groups. WHNs act as a communication bridge between marginalised communities and health service providers, giving them a discursive space to voice their health needs. This approach enables health policies that are more representative and responsive to the needs of marginalised communities.

METHODS

This research applies a qualitative method with a literature approach, which means that data is obtained through literature review and analysis of written sources related to the research topic. The literature method allows researchers to collect and analyse information from various sources, such as books, journal articles, research reports, and official documents, which are relevant to the issues discussed, so that researchers can understand the theoretical framework, policies, and practices that exist in the health sector. By using this approach, researchers can identify theories, concepts, and previous findings that support deeper analysis of the phenomenon under study. This method is also useful in building a strong theoretical foundation and providing a comprehensive understanding of the research context.

Relevant data sources may include journal articles, books and monographs, reports from international organisations such as World Health Organization (WHO) and the United Nation (UN), as well as government policy documents relating to health rights and health programmes for marginalised communities. The data collection process involves searching the literature through academic and library databases, and organising the collected data to facilitate analysis. In analysing the data, researchers can apply a thematic analysis approach to identify themes or patterns that emerge from the literature, and synthesise knowledge to build a more comprehensive understanding of health rights issues. In addition, it is important to evaluate the sources used, taking into account the validity and reliability of previous research, and discussing the different views in the literature.

RESULT

Every human being deserves a high standard of health, and the Indonesian government has an obligation to guarantee the right to health. To achieve this, it is necessary to have an inclusive and accessible health system that provides quality services without discrimination for all citizens, especially for marginalised groups. The government should invest resources in developing health infrastructure, training medical personnel, and providing clear and accessible health information. In addition, collaboration between the government, communities, and the private sector is essential to identify and fulfil the specific needs of communities. Therefore, efforts to guarantee the right to health will not only strengthen the national health system, but also improve people's overall well-being and quality of life (Ardiansah, 2020; Budiono et al., 2022).

The right to health is a fundamental right that must be guaranteed by the state to all citizens without discrimination. Studies show that this right includes equal and effective access to health services, which must be implemented in an inclusive manner, especially for vulnerable groups such as those who are below the poverty line or marginalized by the socio-economic system. In this context, the state has the responsibility to ensure that the health policies implemented are not only oriented towards the provision of services, but also pay attention to aspects of justice and equality in their distribution. The fulfillment of the right to health requires a strong legal foundation as a guideline for the government in designing policies and allocating resources optimally. Without clear regulations, the implementation of health services has the potential to be unequal, thus widening the gap in access to proper medical services. Therefore, a comprehensive approach that includes fair regulations, transparent oversight mechanisms, and continuous commitment from the government and all stakeholders is needed to ensure that every individual can optimally enjoy their right to health.

Table 1. Legal Basis of the Right to Health

The Legal Basis	Important Description of the Right to Health	Special Explanation for Marginalised Communities
Article 28H of the 1945 Constitution Budiono et al., (2022)	Ensuring the right of every citizen to social security and a decent life, including access to health services.	As a basis for upholding social justice and enabling the active participation of marginalised groups in the development of society without discrimination.
Law No. 36 of 2009 concerning Health Razy & Ariani (2022)	Declaring that health is a human right, and the state must guarantee health services that are free of discrimination.	Create an inclusive health system, so that marginalised groups can obtain equal health rights and get the necessary attention to improve their well-being.
Health Social Security Administering Body (SSAB/BPJS) and Social Services (Law No. 24 of 2011) Khalid et al., (2023)	Guaranteeing health services without discrimination through SSAB, but there are still discriminatory practices against SSAB participants.	Through SSAB Kesehatan, the government provides access to affordable and quality health services for all participants, with an emphasis on special protection for marginalised groups.
Constitution and Human Rights (Constitutional Human Rights) Muhtar et al., (2023)	States that the state is obliged to protect the right to health, including proper health services without discrimination for vulnerable groups	As a basic principle of the state, it provides protection to all citizens, including marginalised groups such as indigenous peoples, people with disabilities, and minority groups.
Protection for Traditional Medicine Practitioners Suta Sadnyana et al., (2023)	Providing legal protection for traditional medicine practitioners who play an important role in health services	Protection for traditional medicine practitioners, especially in marginalised groups such as indigenous peoples, is important to ensure the sustainability of practices, respect their knowledge, and improve access to relevant health services through government regulation and support.
Protection of the Right to Health for Persons with Disabilities, Women, and Children Sudika Mangku (2021)	It regulates special health protection for women, children, and people with disabilities, although its implementation still has many obstacles	Health policies and programmes should integrate gender and child rights-based approaches to ensure that all individuals in marginalised groups can enjoy their health rights and get adequate protection.

Table 1 highlights the legal basis of the right to health covering various aspects, such as the constitution, health law, social security, human rights, as well as protection for traditional medicine practitioners. This legal framework emphasizes that health is a fundamental right that must be guaranteed by the state without discrimination, so that every individual, regardless of social, economic or physical status, has the right to equal access to health services. The existence of regulations covering various aspects reflects the state's commitment in realizing an inclusive and equitable health system. In addition, the policies implemented do not only focus on conventional medical services but also pay attention to traditional medicine, which has an important role in the public health system, especially in indigenous communities. The state is also responsible for ensuring that marginalized groups, such as indigenous peoples and people with disabilities, do not experience barriers in obtaining proper health services. This is in line with the principle of social justice which emphasizes that every citizen is entitled to equal treatment in the fulfillment of their basic needs, including health, in order to achieve optimal welfare for all levels of society.

The implemented legal basis acts as a crucial role in ensuring equitable access and reducing disparities in health services. In the view of Ezer and Overall (2020), the implementation of human rights in healthcare aims to address forms of discrimination often faced by marginalised groups, including ethnic minorities, drug users, and transgender people. It seeks to create a health environment free from violence and coercion, and supports health providers to understand their legal obligations in implementing inclusive human rights standards. Access to justice through legal protections can reduce health disparities for poor and marginalised communities, by providing legal representation in cases related to basic needs such as housing, employment, and public benefits. This legal protection not only provides social justice but also significantly improves the quality of life and health of vulnerable groups (Cannon, 2021).

Overall, the country has the responsibility to create inclusive and equitable health policies, so that every individual, especially those from marginalised groups, can enjoy the right to decent health. This includes an active role in protecting, empowering and equitably distributing health resources to achieve collective health well-being. Strong legal protection is needed to ensure that the health rights of marginalised groups are protected from discrimination and injustice. The government also needs to collaborate with community organisations to ensure that every health programme actually reaches those in need, without being hampered by social or geographical constraints. With the right policies and effective coordination, the government can help prevent widening health disparities in emergency situations and ensure health rights for all citizens, including marginalised groups.

DISCUSSION

The right to health is a fundamental human right that guarantees all individuals, regardless of their social, economic, or cultural background, access to quality healthcare services. However, marginalised communities, including indigenous populations, people with disabilities, refugees, and low-income groups, often face significant barriers in accessing healthcare. These barriers include financial constraints, geographical inaccessibility, systemic discrimination, and lack of culturally appropriate services. As a result, these groups experience higher rates of preventable diseases, lower life expectancy, and poorer health outcomes compared to the general population.

One of the key strategies to bridge this gap is the development of inclusive health policies and targeted interventions. Governments must adopt policies that specifically address the socio-economic disparities that hinder access to healthcare. For instance, universal health coverage (UHC) initiatives, mobile clinics, and community-based healthcare programs have been successful in improving access for underserved populations. Moreover, integrating traditional medicine and culturally competent healthcare approaches can help build trust and increase healthcare utilization among marginalised groups, particularly in indigenous communities. Another critical factor is the elimination of systemic discrimination within healthcare systems. Biases in medical treatment, lack of representation in healthcare decision-making, and inadequate training on diversity and inclusion contribute to the exclusion of vulnerable groups. Addressing these issues requires strong legal enforcement, awareness campaigns, and active participation from civil society organizations to advocate for the rights of marginalised communities.

The government has the primary responsibility of providing equitable health services to all citizens, including marginalised groups such as low-income communities, people with disabilities, and indigenous peoples. These groups often face barriers in accessing adequate health services due to financial limitations, geographical barriers, or discrimination. The government can play a role through inclusive health insurance policies and special budget allocations for health services for marginalised groups. Globally, various countries, especially Indonesia, have developed health insurance programmes that aim to ensure health rights for all groups of society, including marginalised groups. The government is working with health agencies and international organisations to implement a national health insurance scheme or Universal Health Coverage (UHC), which seeks to provide equitable and affordable access to health (Adiyanta, 2020). Efforts to protect health rights for marginalised groups are essential in achieving the Sustainable Development Goals (SDGs), especially in the health sector, by promoting social justice and solidarity. Global policies that support health insurance should be tailored to local needs, including expanding and building primary health facilities in previously hard-to-reach areas. This will help reduce health disparities and ensure equal access for all levels of society (Kusworo et al., 2021).

Table 2. Health Insurance Program

Programs	Description
Health Social Security Administering Body (SSAB/BPJS)	Health Social Security Administering Body is an institution that manages the National Health Insurance programme that provides access to health for all Indonesians, including marginalised groups. BPJS faces the challenge of financial efficiency and improving service quality for participants. (Rahmatulloh et al., 2023; Rustyani et al., 2023)
National Health Insurance - Healthy Indonesia Card (JKN-KIS)	A national health insurance programme introduced in 2014 in Indonesia to ensure universal health coverage, covering basic to advanced services at no direct cost to low-income and vulnerable groups. (Perdana et al., 2022; Wasir, 2020)
Contribution Assistance Recipients	A subsidy from the government to ensure the poor in Indonesia receive free healthcare at no direct cost through JKN-KIS. (Sosodoro et al., 2023)
Chronic Disease Control Programme (Prolanis)	A community-based programme that provides care for chronic diseases such as diabetes and hypertension for JKN participants, especially for high-risk groups. (Khoe et al., 2020)

Based on the data in Table 2, various health insurance programs have been designed to ensure more inclusive access to health services for marginalized groups in Indonesia. Programs such as BPJS Kesehatan and JKN-KIS demonstrate the government's commitment to providing universal health coverage, especially for low-income and vulnerable groups. In addition, the contributory assistance scheme ensures that those who cannot afford it continue to receive healthcare services without financial burden. Other programs such as Prolanis also play a role in the management of chronic diseases, which shows that health policy does not only focus on access to basic services but also aspects of prevention and long-term disease management. With these programs, it is hoped that disparities in access to health services can be reduced, so that the principle of social justice in the health sector can be realized more optimally.

With health insurance focusing on marginalised groups, the programme aims to provide wider and more affordable access to health services for all levels of society, including those in vulnerable groups. In addition, the government has also introduced a social inclusion-based health policy, which pays special attention to groups with less favourable socio-economic conditions. For example, for informal sector workers and low-income earners, there are subsidies and easy access to health services organised by the government. These efforts also include strengthening the health system in remote areas, by building and expanding health facilities and increasing the availability of trained medical personnel. With these policies and programmes, it is hoped that the gap in health services between marginalised groups and the general public can be minimised, and their health rights can be fulfilled in a fair and equitable manner.

CONCLUSION

The right to health as a human right is a fundamental aspect that must be recognised by the state in ensuring access to health services for marginalised communities. Marginalised communities often face systemic barriers in accessing proper health services, including lack of infrastructure, inequality in resource distribution, and policies that pay little attention to the needs of vulnerable groups. Poverty is also one of the main barriers in realising the right to health. This research uses a qualitative method with a literature approach to review literature related to the research topic. The results show that every individual is entitled to a high standard of health, and the Indonesian government has an obligation to guarantee the right to health through an inclusive and accessible health system. Legal bases such as the 1945 Constitution Article 28H, Law No. 36 Year 2009, BPJS Health regulations, as well as other health rights-related regulations play an important role in ensuring equitable access and reducing disparities in health services.

The government has also developed health insurance programmes such as Health Social Security Administering Body, JKN-KIS, and Prolanis to ensure health rights for marginalised groups.

In addition, it also collaborates with community organisations to ensure that every health programme reaches those in need. With these policies and programmes, it is hoped that the gap in health services between marginalised groups and the general public can be minimised, and their health rights can be fulfilled fairly and equitably. In addition, to ensure its effectiveness, it is important for the government to continuously monitor the implementation of this programme and conduct periodic evaluations, to identify obstacles that may arise in the field. Collaboration between the government, health institutions and community organisations is also essential to raise awareness and provide direct support to the groups most in need. With comprehensive and sustainable measures, it is expected that not only the gap in access to health can be reduced, but also the quality of life of marginalised groups can be significantly improved.

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