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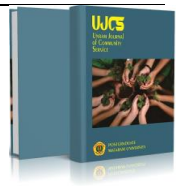

Enhancing Public Comprehension of the Governor's Regulation: Effects of Revocation and Community Participation: A Case Study of Aceh Governor Regulation Number 2 of 2026

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Abstract: Aceh Governor Muzakir Manaf has officially revoked Regulation Number 2 of 2026 concerning Aceh Health Insurance in response to concerns voiced by the Acehnese community. The primary objective of this revocation is to address the public's demand for the removal of JKA's participation restrictions, ensuring that all Acehnese citizens can be member of JKA regardless of their economic status. However, Regulation Number 2 of 2026 encompassed more than merely participation in social health insurance; it also included provisions that provided additional benefits for residents of Aceh. Therefore, it is crucial to effectively communicate the contents of this regulation to ensure a comprehensive understanding of its full implications. A socialization event was conducted on May 19, 2026, via Zoom, aimed at sharing information about the regulation and exploring the potential consequences of its repeal. The findings revealed a significant improvement in participants' understanding—not only of the articles but also of the regulation's overarching purpose and the implications of non-implementation. In addition to deepening participants' comprehension at the subnational level, the event offered valuable insights into the concept and context of implementing Aceh Health Insurance. This knowledge is vital for enhancing community engagement and enthusiasm in monitoring government regulations and addressing related local issues.

Keywords: Aceh Health Insurance, Social Health Insurance, Governor Regulation, Socialization.

Introduction

In 2010, the Governor's Decree established the budget for the Aceh Health Insurance program, funded by the Aceh Special Autonomous Fund (DOKA) in accordance with Qanun Aceh Number 4 of 2010. This funding enables residents of Aceh, regardless of their social status, to access a variety of health services within the province. By simply presenting an identity card as an Aceh citizen, individuals can utilize these services without additional authentication or documentation. This makes it significantly easier for the community to obtain medical services at health facilities throughout Aceh. However, a pertinent question remains: can the financing of Health Insurance, which currently relies on a single funding source, be sustained over the long term?

The sustainability of the Social Health Insurance program will largely depend on its financial capacity to support diverse payment schemes. According to Assurance Genevois Switzerland (2024), Brazil is the only country that offers free medical care to all its citizens. Therefore, Assurance Genevois emphasizes that while many perceive Universal Health Coverage as "free health service," its true essence lies in ensuring that everyone has the right to access health services through various payment systems. The World Health Organization (WHO, 2025) highlights that these payment methods can include direct payments from patients to providers, insurance coverage, or

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contributions made at the point of service. This indicates that very few countries provide completely free health services; instead, they implement Universal Health Coverage, which allows individuals to access health services through a range of payment mechanisms. Such diversity in payment systems is crucial for ensuring to achieve the *Universal Health Coverage*.

Data from the Aceh Government in 2025 reveals that among the 5,703,282 residents of Aceh classified as belonging to the poorest community groups (Decil 1 to Decil 5), a total of 3,275,490 individuals (57%) are covered by the National Health Insurance (JKN). In addition, approximately 1,130,604 people (19.02%) participate in the PPU Social Health Insurance, which comprises wage-earning groups such as police officers, military personnel, and civil servants. Furthermore, 416,122 individuals (7.3%) belong to above-average income groups (Decil 8, Decil 9, and Decil 10). Consequently, only about 604,446 individuals, or 10.60% of the population, are participants in the Aceh Health Insurance (JKA), classified within Decil 6-7 (Reditorial, 2026).

Each community can check their socioeconomic status level using their Population Identification Number (NIK), which will categorize them into decils ranging from 1 to 9 and above. According to Aceh Governor Regulation Number 2 of 2026, individuals classified as decil 1-5 will have their health insurance covered by the Central Government, while those in decil 6-7 will be funded by the Aceh Government. However, individuals classified in decil 8 and above will no longer be eligible for the Aceh Health Insurance (JKA) program. They will be required to switch to a different type of social health insurance, which necessitates paying premiums based on their chosen treatment class—either as individuals or through their employers.

The concept of decils represents Community Economic Status in Indonesia and can be publicly accessed via the National Social Economic Single Data (DTSEN) website at https://dtsen.data.go.id. This platform groups people according to their social conditions, economic status, and family welfare ratings. The data is compiled from a combination of social and economic registration records, integrated data, social welfare information, and target data aimed at eradicating extreme poverty. This information is periodically updated and managed by government agencies responsible for statistical tasks.

The classification approach for JKA beneficiaries using the decil system is closely linked to the fiscal capacity of the Aceh Government, which has reduced its Special Autonomy Fund (DOKA) from the Central Government to 1 percent for 2023-2027. To ensure the long-term sustainability of the JKA program, the Aceh Government is restructuring health insurance participation based on each person's financial capacity. This policy aims to enhance public health by reallocating Aceh's Special Autonomy Fund to significant health developments, such as the construction of regional hospitals that have long been planned but have not yet been realized. This initiative is outlined in the Aceh Strategic Plan, which emphasizes the need for Western, Eastern, and Southern Regional Hospitals to provide Type A service level care. These facilities will ensure quick, accurate, effective, and efficient access to health services, similar to what is available at Zainal Abidin Hospital.

Given these challenges, it is crucial to socialize Aceh Governor Regulation Number 2 of 2026, which focuses on providing a comprehensive understanding of the regulation and its implications for the Acehnese people. The goal of this socialization effort is to encourage participants to thoroughly review the contents of the regulation, which includes information not only about initial and mutating JKA participants but also about superior JKA provisions. This regulation is designed to offer significant benefits to the people of Aceh. Additionally, it addresses the implementation rules for social health insurance, the global practices of social health insurance, and the concept of universal health coverage, which ensures that all individuals can access health services, regardless of their socioeconomic status. The payment system is detailed in Presidential Decree Number 59 of 2024, categorizing participants into two main groups:

1. PBI Health Insurance (PBI-JK)**: This includes participants registered by the Ministry of Social Affairs based on the Integrated Social Welfare Data (DTKS), funded by the National Budget (APBN) and Regional PBI, with the local government covering costs through the Regional Budget (APBD). In Aceh, this is financed using the Aceh Provincial Budget (APBA).
2. Non-PBI: This group consists of participants required to pay their contributions either on their own or in partnership with their employers. Non-PBI participants are further divided into three categories of Wage Workers (PPU)—individuals who receive regular salaries or wages, with contributions jointly paid by both workers and employers.

Method

The socialization of the 2026 Aceh Governor Regulation was conducted to provide a comprehensive understanding of the regulations, highlight the importance of sustainability in implementing the JKA program, and discuss the potential consequences if this regulation is revoked. This initiative took place via the

Zoom platform, where laptop users participated. To assess the effectiveness of the socialization, pre-test and post-test links were shared through Google Forms. Participants completed these forms before and immediately after the session, allowing for a direct measurement of knowledge gained.

Preparation for the socialization began with the community service implementation team conducting open registration for participants. They distributed flyers containing registration links through various channels, including WhatsApp groups, WhatsApp status updates, and Instagram posts, to ensure widespread awareness of the upcoming activities. The team also set up the Zoom platform to facilitate a smoothly run session, which included a one-hour presentation followed by 30 minutes dedicated to questions.

Leading up to the socialization, the team prepared a pre-test link using Google Forms and shared it with participants ahead of the event. Detailed planning involved determining the session content, scheduling, and selecting qualified speakers with expertise in health insurance and the 2026 Aceh Governor Regulation number 2. Notably, one of the speakers had previously written articles on Aceh Health Insurance for the daily newspaper Serambi Indonesia, which is accessible in both print and online formats throughout Aceh.

Result and Discussion

The socialization of Aceh Governorate Regulation Number 2 of 2026 was conducted through the Zoom platform and included participants with a range of educational backgrounds. The majority of the participants, 53 out of 81 (65%), held high school, vocational, or equivalent qualifications. This was followed by 25 participants (30.8%) who had obtained a bachelor's degree, 2 who completed postgraduate studies (2.47%), and 1 who held a diploma (1.23%). The distribution of educational levels is illustrated in the accompanying chart.

The session held on May 19, 2026, indicated a notable improvement in participants' understanding. In the pretest, the average score for understanding the Determination of Decil concerning Health Insurance participation in Indonesia was 3.8, based on a scale of 1 to 5 (where 1 signifies "Very Not Understanding" and 5 indicates "Very Understanding"). After the post-test, which included similar questions about participants' self-perception of the content, the average score increased to 3.87. This reflects an improvement of 0.07 points, highlighting a positive shift in understanding as a result of the socialization

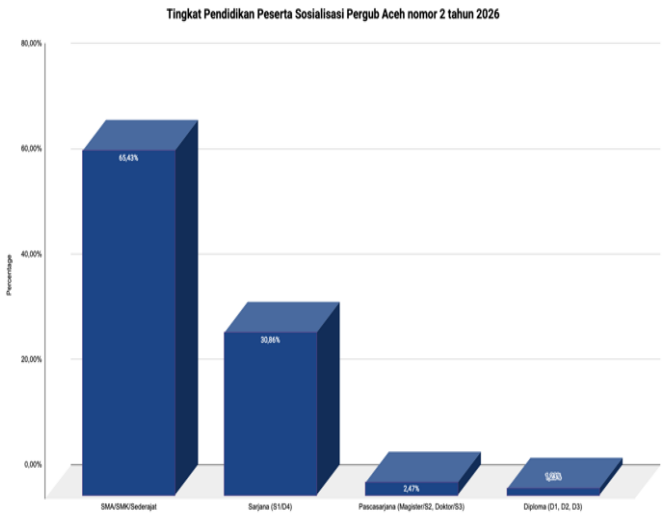

Figure 1. Education Level of Participants in the Socialization of Aceh Governor's Regulation Number 2 of 2026.

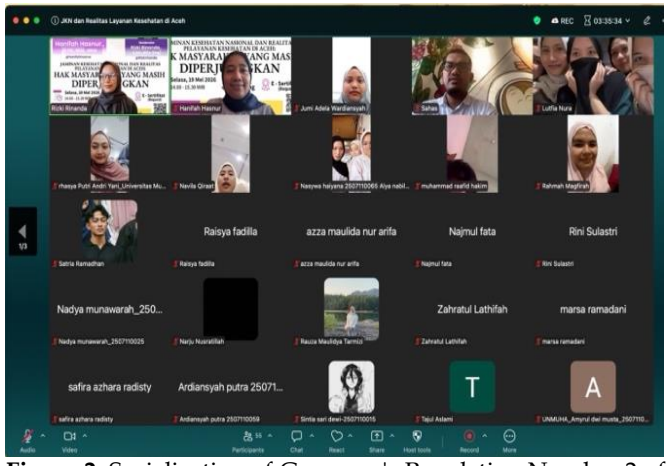

Figure 2. Socialization of Governor's Regulation Number 2 of 2026

Figure 3. Cover of the slides of Governor's Regulation Number 2 of 2026 socialization

Table 1. Comparison of the Understanding of the Total Contents of the Aceh Governor Number of 2026 Before and After Socialization

No.	Pre test and Post test questions	% wrong answer Pre test	% wrong answer Post tes	% increase
1	In your opinion, how accurate is your understanding regarding the Determination of Decil in determining the participation of Health Insurance in Indonesia? (1: Very Ununderstanding 2: Not Understanding 3: Lacking Understanding 4: Understanding 5: Very Understanding)	3,8	3,87	0,07
2	What was the main source of funding for Aceh Health Insurance (JKA) when it was first inaugurated in 2010?	13,33%	2,22%	11,11%
3	Governor's Regulation No. 2 of 2026, which socio-economic data classification is used as the basis for JKA membership?	8,33%	4,44%	3,89%
4	Which of the following is categorized as a 'Superior Service' provided by the Aceh Government under JKA Plus?	26,67%	11,11%	15,56%
5	According to research by Professor Muhammad Yani, what are the main geographical challenges faced by health equality in Aceh?	60,00%	48,89%	11,11%
6	Which socio-economic decil group is identified as 'Initial Participants' in the JKA program according to Article 7 of the Governor's Decree number 2 of 2026?	13,33%	4,44%	8,89%
7	What is the principle of 'JKA's Superior Service' in relation to the benefits of national health insurance?	15,00%	2,22%	12,78%
8	Who is included in the 'Vulnerable Group' as defined in the Governor's Regulation 2026?	6,67%	0,00%	6,67%
9	In your opinion, why is the restructuring of JKA participants based on income level necessary?	11,67%	0,00%	11,67%
10	Which entity is responsible for 'verification and validation' (verification and validation) of JKA participant data?	6,67%	0,00%	6,67%
11	What is mentioned as a consequence of the 'disproportionate allocation' of specialist doctors in Aceh?	20,00%	6,67%	13,33%
12	According to the Governor's Decree No. 2 of 2026, which fund is the main source for the implementation of Aceh Health Insurance?	16,67%	0,00%	16,67%

The analysis of the pre-test and post-test questions reveals significant improvements among participants regarding the JKA (Aceh Health Insurance) as stated in the Aceh Governor's Regulation number 2 of 2026. Following the socialization session, no participants answered incorrectly, resulting in an error rate of 0%. This indicates that participants now understand the vulnerable groups identified in the regulation, which include the elderly, people with disabilities, and those living in remote areas. These groups are the primary targets of JKA Plus.

Similar progress is evident in response to question number 9, which pertains to JKA participation based on Desil data from the DTSN website. Participants answered correctly without any incorrect responses. They also grasped the implications surrounding "free services," understanding that this approach, which ignores social status or Desil, can weaken the availability and equitable distribution of health services in the DPTK (Health Service Area). Additionally, participants recognized the importance of sustainability for the JKA Program, as demonstrated by the absence of incorrect answers related to this topic.

Since its inception in 2010, the Aceh Health Insurance program has made significant strides in providing access to healthcare for Aceh residents. However, many individuals in non-urban districts continue to encounter substantial barriers in obtaining quality and equitable care (Yani et al., 2023). Research conducted by Professor Muhammad Yani in May 2023 emphasizes that Zainoel Abidin Hospital (RSZA) primarily serves patients located within a two-hour travel radius, indicating that residents in remote areas still face geographical and financial obstacles, including the costs of traveling to main referral hospitals.

Moreover, Professor Yani's findings highlight the uneven distribution of healthcare resources across Aceh, pointing to a shortage of healthcare professionals necessary for providing essential services throughout the DPTK regions. The disparity is exacerbated by a disproportionate allocation of specialist doctors between urban and rural areas, as most healthcare workers tend

to cluster in densely populated city centers, where conditions and incentives are more attractive. Consequently, many rural districts in Aceh remain underserved, widening the gap in access to healthcare services across Indonesia (Laksono et al., 2019; Meilianti et al., 2022; Muharram et al., 2024; Mulyanto et al., 2020; Nugroho et al., 2021; Wenang et al., 2021).

Despite the existence of the Aceh Health Insurance program, significant challenges persist regarding access to healthcare. The primary issues include limited resources, inadequate facilities, and a shortage of healthcare professionals, especially in the DPTK area. These challenges reveal weaknesses in the Indonesian health system's capacity to provide fair healthcare to all citizens. Additionally, bureaucratic barriers and a lack of awareness regarding available health services further complicate residents' ability to access necessary care (Soraya et al., 2023).

The people of Aceh are actively advocating for their rights, emphasizing the need not only for participation in the JKA program and Decil determination but also for high-quality and equitable health services. This advocacy is closely tied to the broader pursuit of justice in the nation, ensuring that residents of both urban and DPTK areas receive healthcare that meets their needs without significant disparities. The Aceh Governor's Regulation number 2 of 2026 seeks to address this issue by guaranteeing that residents in DPTK areas will have access to health services and that health workers, particularly specialist doctors in these regions, will receive incentives funded by the Aceh Health Insurance program. To ensure the success of this initiative, immediate restructuring of JKA funding is essential. This restructuring should prioritize and reallocate the Aceh special autonomy fund (DOKA) to help reduce health disparities in these areas.

With the implementation of the Aceh Governor's Regulation number 2 of 2026, the Aceh government must ensure the accuracy of the National Social Economy data for the population and enhance service quality and fair distribution. These elements are as crucial as promoting participation in the Aceh Health Insurance program. Emphasizing improvements in infrastructure, developing a skilled healthcare workforce, and ensuring consistent service quality are vital steps forward. Additionally, securing sustainable funding for health insurance aimed at Aceh residents is imperative (Abdullah, 2014; Busyra et al., 2024; Yani et al., 2023).

When the government promotes the national health insurance scheme, it is crucial to ensure that the voices of the people in Aceh are heard. To build a health service system that truly meets the needs of all individuals, there must be collaboration among policymakers, health service providers, and the community. Upholding the right to health for every community is essential, and addressing the existing gaps in health services is a vital first step toward achieving equitable access to healthcare throughout the Aceh region (Nurmailah et al., 2025; Sukmawati et al., 2022).

However, many residents have not fully understood Aceh Governor Regulation No. 2 of 2026, as it involves more than just membership in the Aceh health insurance program. The regulation includes additional provisions that can benefit the residents of Aceh. Thus, change advocates must thoroughly understand these rules. Effective communication and clarification of the regulation's contents are crucial, even after its withdrawal (Titaley et al., 2025; Yani et al., 2023).

Community service activities geared towards promoting Aceh Governor Regulation No. 2 of 2026, conducted through the Zoom platform, have encountered several significant challenges. These challenges include low participation rates, insufficient funding, and a lack of supporting facilities, all of which can hinder the effectiveness of these activities. Moreover, variations in participants' ability to understand health-related information and the absence of face-to-face interaction between presenters and participants contribute to difficulties in grasping the overall objectives of this socialization effort.

To address these challenges, several strategic recommendations have been proposed. Organizing face-to-face socialization events—such as small group workshops or in-person webinars—could enhance interactive engagement and improve the effectiveness of these service activities. Additionally, providing participants with the text of Aceh Governor Regulation No. 2 of 2026 before the sessions allows them to familiarize themselves with its contents more thoroughly. Clear and efficient communication regarding the regulations and their implementation is vital for ensuring the overall success of these initiatives. Despite the limitations faced, this service has successfully increased participants' understanding and literacy regarding Aceh Governor Regulation No. 2 of 2026.

Conclusion

The Constitution of the Republic of Indonesia (UUD) 1945, specifically Article 28, paragraph 1, underscores that access to health services is a fundamental right afforded to all individuals, without exception. This raises a crucial question: if the Constitution guarantees these rights, why do the people of Aceh face challenges in accessing health services? The answer lies in the complexities associated with the implementation of these regulations. This is exemplified

by Governor's Regulation No. 2 of 2026, which establishes the framework for the Aceh Health Insurance (JKA) program for this year. Effectively translating constitutional rights into actionable policies demands clear explanations to prevent misunderstandings and misinterpretations.

To gain a better understanding of this issue, we can reference Law No. 40 of 2004, which governs the National Social Security System (SJSN). This law mandates that Social Health Insurance is compulsory for wage earners and stipulates that government tax revenues must subsidize health insurance for individuals classified as poor or near-poor. It is crucial to recognize that the definitions of "poor" and "near-poor" outlined in this amendment serve as the basis for determining who will receive state support and who will need to cover their own health expenses, as indicated in Governor's Decree No. 2 of 2026.

The restructuring of health insurance funding aims to clarify financial responsibilities. Individuals with higher incomes are expected to contribute to their health service costs, while those with limited financial means should receive government assistance. This framework is intended to promote a more equitable approach to healthcare access and funding in Aceh.

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