

Fulfillment of the Right to Health of Indonesian Migrant Workers Against Infectious Diseases Toward Achieving Sustainable Development Goals (A Study of the Regional Government of Central Sulawesi Province)

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Abstract

One group that makes a substantial contribution to the nation's foreign-exchange earnings is Indonesian migrant workers (IMW). However, in practice, people still face many challenges when attempting to exercise their fundamental rights, especially when it comes to obtaining health care, including the prevention and treatment of infectious diseases. High mobility, vulnerable working conditions, and

limited information and transnational regulations make IMWs a high-risk group for infections such as HIV/AIDS, tuberculosis, and hepatitis. Sustainable Development Goals (SDGs), this study assesses the extent to which IMWs have access to healthcare in the context of infectious disease control. In order to achieve the SDGs, particularly targets 3.3 and 3.8. Based on a review of national laws, international agreements, and policy documents about the protection of migrant workers' health, a socio-legal research technique with descriptive analysis was employed. The study's findings demonstrate that, while Indonesia has ratified several international legal agreements and enacted pertinent domestic laws, their implementation has not been ideal. This is due to weak inter-sectoral coordination, limited cross-border health protection mechanisms, and a lack of data integration and health services for migrant workers. Therefore, there is a need to strengthen operational regulations, enhance bilateral cooperation in the health sector, and develop an integrated health information system to support the inclusive achievement of the SDGs for all migrant workers.

Keywords

Health Rights; Infectious Diseases; Migrant Workers; Protection Policies; SDGs.

A. Introduction

In 2020, there were 281 million international migrants, or 3.6 percent of the world's population, and 169 million migrant workers worldwide in 2019.¹ Although these figures refer to 2019–2020, they remain the latest globally comparable estimates reproduced in the World Migration Report 2024. More recent ILO estimates indicate that the

¹ International Labour Organization, *ILO Global Estimates on International Migrant Workers: Results and Methodology*, 3rd ed. (Geneva: International Labour Office, 2021), 11–13, <https://www.ilo.org/publications/major-publications/ilo-global-estimates-international-migrant-workers-results-and-methodology>.

number of international migrants participating in the global labour force reached approximately 167.7 million in 2022.² Migrant workers contribute to the economies of countries of origin, destination, and transit through their labour, taxes, consumption, skills, remittances, and investments. Remittances also support household consumption, education, healthcare, and resilience to economic shocks, thereby contributing to human and national development.³

Indonesia is one of the countries whose citizens migrate abroad for work.⁴ Migrant workers contribute to countries of origin, destination, and transit through their participation in labor markets, payment of taxes, consumption, skills, entrepreneurship, remittances, and investments.⁵ In countries of origin, remittances support household consumption, education, healthcare, financial resilience, and poverty reduction, although their developmental effects depend on transaction costs, financial inclusion, household characteristics, and the broader policy environment.⁶ Migrant remittances constitute an important and relatively stable component of Indonesia's external financial inflows and provide socioeconomic benefits to migrant households and

² Marie McAuliffe and Linda Adhiambo Oucho, eds., *World Migration Report 2024* (Geneva: International Organization for Migration, 2024), 21–23, <https://publications.iom.int/books/world-migration-report-2024>.

³ International Labour Organization, *ILO Global Estimates on International Migrant Workers: International Migrants in the Labour Force*, 4th ed. (Geneva: International Labour Office, 2024), 11–15, <https://www.ilo.org/publications/major-publications/ilo-global-estimates-international-migrant-workers>.

⁴ Nahar, Faiza Husnayani and Arshad, Mohd Nahar. "Effects of Remittances on Poverty Reduction: The Case of Indonesia," *Journal of Indonesian Economy and Business*, 2017, 32(3), pp. 163–177. <https://doi.org/10.22146/jieb.28678>

⁵ International Labour Organization, *ILO Global Estimates on International Migrant Workers: International Migrants in the Labour Force*, 16–22.

⁶ Tah, Kenneth A. "Remittances and financial access: Evidence from Sub-Saharan Africa," *Cogent Economics & Finance*, 2019, 7(1), pp. 1–10. <https://doi.org/10.1080/23322039.2019.1570581>.

communities.⁷ Countries of destination also benefit from migrant labour, particularly where migrant workers alleviate labour shortages and contribute to production, services, consumption, taxation, and economic growth.⁸

Indonesian citizens working abroad are referred to as Indonesian migrant workers. Indonesian migrant workers consist of workers of productive age, so limited job opportunities in the country can be an alternative for job seekers to work abroad.⁹ Any Indonesian person who will, has, or continues to work for pay outside the Republic of Indonesia is considered an IMW under Law Number 18 of 2017 on the Protection of IMW.¹⁰ Indonesian migrant workers are predominantly members of the productive-age population. Overseas employment may therefore constitute an alternative livelihood strategy for individuals facing limited employment opportunities, wage disparities, household economic pressures, or inadequate access to decent work in their regions of origin.¹¹ The Ministry of Indonesian Migrant Worker Protection/Indonesian Migrant Worker Protection Agency's Data and Information Center reports that 297,434 IMW placements were made in 2024. This consists of 96,091 males (32.31%) and 201,343 females

⁷ World Bank, Migration and Development Brief 40, 15–19; Bank Indonesia, “Remitansi Tenaga Kerja Indonesia,” Statistik Ekonomi dan Keuangan Indonesia (Jakarta: Bank Indonesia, 2024), <https://www.bi.go.id/id/statistik/ekonomi-keuangan/seki/Default.aspx>.

⁸ International Labour Organization, ILO Global Estimates on International Migrant Workers: International Migrants in the Labour Force, 16–22.

⁹ Putri, Dina Eka and Mahkroja, Mega Nisfa. “Trend Analysis of Indonesian Migrant Worker Profiles: Redirecting Strategy on Indonesia’s Demographic Bonus,” IJPSS: Indonesian Journal of Peace and Security Studies, 2023, 5(1), pp. 56-76, <https://pdfs.semanticscholar.org/793f/e25f023d7c996ce9e328fe556aa804e04849.pdf>

¹⁰ Republic of Indonesia, Law Number 18 of 2017 concerning the Protection of Indonesian Migrant Workers, State Gazette of the Republic of Indonesia No. 242 of 2017, art. 1.

¹¹ Marie McAuliffe and Linda Adhiambo Oucho, “World Migration Report 2024 (Geneva: International Organization for Migration, 2024), 21–23, <https://publications.iom.int/books/world-migration-report-2024>.

(67.69%) for all placement schemes, with the private-to-private placement scheme reaching 236,375 (79.47%), and the government-to-government placement scheme reaching 10,535 (3.54%) placements.¹² (Ministry of Indonesian Migrant Worker Protection/Indonesian Migrant Worker Protection Agency, 2024). Data from the Technical Implementation Unit of BP2MI in Palu indicate that migrant workers from Central Sulawesi remitted approximately IDR 29.53 billion between 2018 and 2020.¹³

A total of 378 migrant workers from Central Sulawesi were recorded between January and December 2024, representing an increase of 85 workers, or approximately 29%, compared with the 293 workers recorded in 2023.¹⁴ This number has continued to increase over the last three years. This indicates that residents of Central Sulawesi are becoming increasingly interested in working abroad, both in the formal and informal sectors, in several destination countries or countries of placement.¹⁵ This increase is not only from procedural migrant workers; on the other hand, there are also many migrant workers from Central

¹² Widyaningsih, Puguh Aji Hari Setiawan, and Ismail. Kewenangan Kementerian Pelindungan Pekerja Migran Indonesia terkait Jaminan Sosial Kesehatan Pekerja Migran Indonesia untuk Mewujudkan Kepastian Hukum,” *SEIKAT: Jurnal Ilmu Sosial, Politik dan Hukum.*, 2026, 2574-1592. <https://ejournal.45mataram.ac.id/index.php/seikat/article/view/3533>

¹³ Unit Pelaksana Teknis Badan Pelindungan Pekerja Migran Indonesia Palu. “Data Remitansi Pekerja Migran Indonesia Asal Sulawesi Tengah Tahun 2018–2020,” Palu: UPT BP2MI Palu (2020). <https://siskop2mi.bp2mi.go.id/profil/lembaga/detail/1143/upt>.

¹⁴ Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia, Data Penempatan Pekerja Migran Indonesia Asal Sulawesi Tengah Tahun 2024 (Palu: Balai Pelayanan Pelindungan Pekerja Migran Indonesia Sulawesi Tengah, 2024). https://satudata.bp2mi.go.id/dataset_detail/penempatan-tahun-2024-berdasarkan-asal-provinsi-pmi

¹⁵ International Organization for Migration. World migration Report 2024: Migration Continues to be Part of The Solution for Many Economies, Societies and Families Around The World., 2024 <https://worldmigrationreport.iom.int/what-we-do/world-migration-report-2024/chapter-1/migration-continues-be-part-solution-many-economies-societies-and-families-around-world>

Sulawesi who migrate irregularly, although to date, BP2MI lacks access to accurate data.

The results of the study show that the reasons why migrant workers from Central Sulawesi work abroad vary, ranging from economic needs, limited job opportunities in the region, and family problems due to domestic violence, divorce, climate change, and the influence of friends, family, and brokers.¹⁶

Several issues accompany the significant number of Central Sulawesi migrant laborers employed overseas. Health is one of them. Health is one of the top ten issues that migrant workers in their destination or placement countries encounter, according to data from the Indonesian Ministry of Migrant Worker Protection (Kementerian PPMI)/Indonesian Migrant Worker Protection Agency (BP2MI).¹⁷ Migrant workers experience a higher risk of contracting infectious diseases, including HIV/AIDS, malaria, MERS, SARS, hepatitis, tuberculosis, and so on. The causes include hazardous work, poor hygiene, long working hours, low wages, poor nutrition and sanitation, physical, mental, and sexual violence, and the work environment.

According to BP2MI data, there are 68 placement countries, or destination countries, for migrant workers spread across 5 regions.¹⁸ Central Sulawesi migrant workers are placed in 22 destination countries in various regions of the world, both in the formal and informal

¹⁶ International Organization for Migration. "Climate Change and Migration: Understanding the Context. World Migration Report 2026," 2026. <https://worldmigrationreport.iom.int/what-we-do/world-migration-report-2026/chapter-6/climate-change-and-migration-understanding-context>

¹⁷ Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia (BP2MI). "Statistik Layanan Pengaduan Pekerja Migran Indonesia," 2025, <https://bp2mi.go.id/dashboard-publik>.

¹⁸ Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia. "European Region, African Region, Eastern Mediterranean Region, South-East Asian Region, dan Region of the Americas dalam Rekapitulasi Data Penempatan Pekerja Migran Indonesia Tahun 2024 (sd. April) berdasarkan Negara Penempatan," Portal Satu Data KemenP2MI. 2024, https://satudata.bp2mi.go.id/dataset_detail/data-penempatan-tahun-2024-berdasarkan-negara-penempatan.

sectors.¹⁹ Among these regions, there are countries where the spread of dangerous diseases needs to be watched out for. According to a report from the Hong Kong Department of Health, a cumulative total of 12,038 HIV infections and 2,483 AIDS cases have been reported based on a voluntary and anonymous HIV/AIDS reporting.²⁰ There are 115 IMWs from Central Sulawesi working in Hong Kong.²¹ Next is Zambia. According to the latest data from the World Health Organization, the principal causes of mortality in Zambia are HIV/AIDS, tuberculosis, malaria, and COVID-19.²² The African region is estimated to have recorded 771,000 new hepatitis B infections in 2022, accounting for 63% of global cases.²³ Although there are no IMW placements from Central Sulawesi in Zambia, preventive protection is still necessary. According to WHO data, malaria is one of the leading causes of death in Papua New Guinea.²⁴

¹⁹ Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia. "Statistik Layanan Penempatan dan Pelindungan Pekerja Migran Indonesia," Portal Satu Data KemenP2MI. <https://siskop2mi.bp2mi.go.id/>.

²⁰ Centre for Health Protection, Department of Health. "Factsheet: HIV/AIDS Situation in Hong Kong, 2023," Virtual AIDS Office, 2024. https://www.aids.gov.hk/english/surveillance/sur_archives.html.

²¹ Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia. "Statistik Layanan Penempatan Pekerja Migran Indonesia Tahun 2024," Portal Satu Data KemenP2MI, 2024. https://satudata.bp2mi.go.id/dataset_detail/data-penempatan-tahun-2024-berdasarkan-negara-penempatan.

²² World Health Organization. "World health statistics 2024: Monitoring health for the SDGs, Sustainable Development Goals (p. 24)," World Health Organization. <https://www.who.int/publications/i/item/9789240094703>.

²³ World Health Organization. "World Health Statistics 2024: Monitoring Health for the SDGs, Sustainable Development Goals. World Health Organization, p. 29," World Health Organization., 2024. <https://iris.who.int/items/f06c470-d54f-4235-b8c8-85fc1da2e861>

²⁴ Seidahmed, Osama, Jamea Sharon, Kurumop, Serah, Timbi, Diana, Makita, Leo, Ahmed, Munir, Freeman, Tim, Pomat, William, and Hetzel Manuel W. "Stratification of Malaria Incidence in Papua New Guinea (2011–2019): Contribution towards a Sub-national Control Policy." *Plos Global Public Health*, 2022, pp. 1-26. <https://doi.org/10.1371/journal.pgph.0000747>.

The threat of migrant workers being susceptible to infectious diseases does not only come from outside but also from within, or from their country of origin, Indonesia. According to WHO data in 2024, Indonesia is among the top five countries in the world with the highest number of people affected by tuberculosis, ranking second after India. As can be seen from India (26%), Indonesia (10%), China (6.8%), the Philippines (6.8%), and Pakistan (6.3%).²⁵ In the last three years (2023 to June 2025), all regions and towns in Central Sulawesi Province have recorded a total of 20,950 TB cases. 950 people (8,018 in 2023, 8,727 in 2024, and 4,205 in 2025 (January to June). The number of TB deaths from 2023 to 2025 is 1,080 people.²⁶ Data on HIV cases found between 2023 and June 2025 show 1,739 people, with 258 deaths among people living with HIV throughout Central Sulawesi.²⁷ Based on age group, HIV cases were found in individuals aged ≥ 50 years, with 1,768 cases recorded between 2023 and June 2025. Meanwhile, the number of TB cases found from 2023 to June 2025 was 14,530 people.²⁸ Most HIV and AIDS cases occur in the 20–49 age group. This is due to their greater vulnerability to risky behaviours such as unsafe sex and injecting drug use.²⁹ The target population for the Health Development programme in Indonesia is the productive age group (15–64 years old), which numbers 192,669,178 people.

Another issue is that the National Health Insurance (JKN) system has not been implemented for informal-sector migrant workers working

²⁵ World Health Organization. “Global Tuberculosis Report 2024,” World Health Organization, 2024, p. 2. WHO IRIS Repository. <https://iris.who.int/items>.

²⁶ Data Pencegahan dan Pengendalian Penyakit Menular Dinas Kesehatan Provinsi Sulawesi Tengah tahun 2025.

²⁷ Data Pencegahan dan Pengendalian Penyakit Menular Dinas Kesehatan Provinsi Sulawesi Tengah tahun 2025.

²⁸ Data Pencegahan dan Pengendalian Penyakit Menular Dinas Kesehatan Provinsi Sulawesi Tengah tahun 2025.

²⁹ Kementerian Kesehatan RI. “Profil Kesehatan Indonesia Tahun 2023,” Kementerian Kesehatan RI, 2024, pp. 173–179. Kemenkes Repository, <https://repository.kemkes.go.id/book/1276>.

abroad.³⁰ Second, the protection of IMWs from infectious diseases is not covered by Law Number 24 of 2011 on the Social Security Administration Agency (BPJS). Third, the benefits of BPJS Health protection for migrant workers abroad remain very limited, particularly in terms of registration, payment, and access to services, resulting in minimal or insufficient benefits. Fourth, national laws in several countries that regulate social security automatically exclude migrant workers from receiving such benefits because they are not citizens.

The degree to which the 1948 Declaration of Human Rights and the 1990 International Convention on the Rights of Migrant Workers and Members of their Families (CMW) fulfill the health rights of potential migrant workers or migrant workers employed overseas in relation to their susceptibility to infectious diseases will be assessed based on the aforementioned concerns. The study specifically aims to analyze how the Central Sulawesi Provincial Government implements the fulfillment of health rights for PIMW/IMW and what efforts can be made by the Central Sulawesi Provincial Government in handling IMW affected by infectious diseases.

The urgency of this research is a form of regional concern to protect its citizens and as a preventive measure against infectious diseases, as an obligation of the state/regional government. Therefore, it is hoped that the Central Sulawesi Regional Government can formulate a policy or regulation that will contain protection norms related to the health rights of PIMW/IMW from infectious diseases in their handling and control.

B. Legal Framework for the Protection of the Right to Health of Prospective Indonesian Migrant Workers and Indonesian Migrant Workers

Article 25(1) of the UDHR (1948) guarantees the right to an adequate standard of living, including essential needs and social

³⁰ Jatmiko, Ludfie. "Perlindungan Jaminan Kesehatan bagi Pekerja Migran Indonesia Sektor Informal," *The Prosecutor Law Review*, vol. 1, no. 1, April 2023, pp. 119–151. Portal Jurnal Kejaksaan, <https://prolev.kejaksaan.go.id/kejaksaan/article/view/3..>

protection in situations of vulnerability such as unemployment, sickness, disability, or old age. The right to health is also included in a provision of the 1966 International Covenant on Economic, Social, and Cultural Rights (ICESCR). "Everyone has the right to the highest attainable standard of health, both physical and mental," states Article 12, Paragraph 1. Everyone has the right to the best possible standard of health in order to live a life of dignity, according to General Comment No. 14 of 2000 of the Committee on Economic, Social, and Cultural Rights. Therefore, one of every person's fundamental rights is the right to health, which the state must uphold, defend, and fulfill in line with the values of justice, equality, and nondiscrimination. As a result, nations that affirm their commitment to upholding human rights under the UDHR and ICESCR instruments have duties or obligations to people who possess those rights, specifically: (1) the duty to respect, (2) the duty to protect, and (3) the duty to fulfill the right to health.

Everyone's right to health, including migratory workers, must be upheld by the state. Article 28 of the 1990 International Convention on the Rights of Migrant Workers and Members of Their Families (ICMW) states that "migrant workers and members of their families have the right to receive any medical services necessary for their survival or to avoid irreparable harm to their health based on equal treatment with the nationals concerned," migrant workers' right to health is fulfilled.

The Indonesian State can meet its commitments under international human rights agreements by ensuring that migrant workers' right to health is fulfilled. The assurance of respect for human rights is a feature of a state founded on the rule of law. Indonesia's 1945 Constitution, in its Preamble, states that "... To establish an Indonesian government that protects the entire Indonesian nation and all of Indonesia's bloodshed and to promote general welfare..." The rule of law is a tool for achieving the state's goals. As a result, Indonesia, a nation founded on the rule of law, upholds, defends, and fulfills each person's right to health regardless of their location or immigration status.

This is supported by Aristotle's theory of legal supremacy, which provides that the state must "put the interests of its citizens first, so that they can live well and happily. And the state, as a single entity or political institution, aims to achieve the highest good, namely the perfection of human beings as members of the state. Aristotle further states that 'a state governed by a constitution and possessing legal sovereignty is the hallmark of a good state.'

According to Frederich Julius Stahl, a *Rechtsstaat* is a formal state founded on the rule of law, that is, a state approved by the populace where all governmental actions must adhere to a particular legal framework and be grounded in law. As a result, established law or legislation must serve as the foundation for all state actions and deeds.

Human rights must be given top priority in a democratic system in order to uphold, defend, and fulfil each person's fundamental rights. The administration of the state must be founded on the involvement and interests of the people. Indonesia, a nation founded on the rule of law, unquestionably prioritizes providing its citizens with legal protection wherever they may be, particularly for PIMW/IMW.

World Bank simulations show that adding 3% (14.2 million workers, of whom 9.7 million are low-skilled) to the global labor force via migration from 2001 to 2025 will generate a total profit of \$356 billion for the global economy.³¹ Looking at this data, the presence of migrant workers from an economic perspective makes a substantial impact on the global economy of countries around the world.

³¹ Upasana Singh, Globalization, International the Rights of Migrant Workers, *International Journal of Creative Research Thoughts (IJCRT)*, Volume 12, Issue 12 December 2024, h. 716.

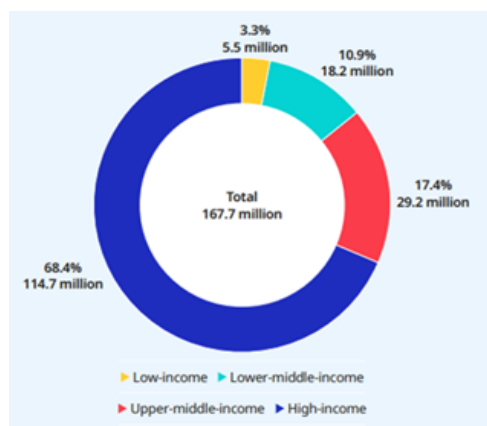


Figure 1. Migrant workers in the global labour force categorized by destination country income level, 2022 (million and percentage)

Source: ILO estimates

The majority of international migrant workers in the labour force are in high-income countries (68.4% or 114.7 million), followed by upper-middle-income countries (17.4% or 29.2 million) (see Figure 1). Migrants are strongly encouraged to relocate to these nations due to their superior living standards and employment prospects. Conversely, 3.3% (5.5 million) and 10.9% (18.2 million) of international migrants are located in low-income and lower-middle-income countries, respectively. High-income and upper-middle-income nations continued to be the primary destinations for international labour migrants between 2013 and 2022.³² This shows that high-income and low-income countries depend on migrant workers. In addition, countries of origin of migrant workers also reap significant benefits, particularly increased state revenue/foreign exchange, remittances sent home, and reduced unemployment and poverty. Indonesia is one of the

³² International Labour Organization, ILO Global Estimates on International Migrant Workers International migrants in the labour force Fourth edition, International Labour Organization, Geneva, 2024, h. xviii.

countries that benefits from the presence of migrant workers worldwide.

Article 12 of the ICESCR (1966) recognizes everyone's right to the highest attainable standard of physical and mental health and reflects the fulfillment of the right to health in other international instruments. Additionally, according to CESCR General Comment No. 14: The Right to the Best Attainable Standard of Health (Article 12) (2000), "All people have the right to the highest possible standard of health to live with dignity." *The realization of the right to health can be achieved through health policies, the implementation of health programs developed by the World Health Organization (WHO), or the adoption of relevant legal instruments.* Vulnerable groups should be prioritized in the fulfillment of the right to health.

The key elements in the fulfillment of the right to health according to the ICESCR include: first, the implementation of public health functions and the provision of health facilities, goods, services, and health programs; second, quality; third, accessibility, which includes economic, physical, and informational accessibility, as well as non-discrimination; and fourth, acceptability in terms of medical ethics and cultural appropriateness.

Article 28 of the 1990 ICMW affirms that, subject to equal treatment with citizens of the host state, migrant workers and their families are entitled to emergency healthcare necessary to protect life or prevent lasting damage to health. Indonesia ratified this Convention through Law No. 6 of 2012. As a result of this ratification, the Indonesian government is required to uphold, defend, and implement migrant workers' rights, especially their right to health.

The fulfillment of the right to health for every individual in Indonesian national law is grounded in Pancasila and the 1945 Constitution of the Republic of Indonesia. The Preamble, Fourth Paragraph, states that: "...the Government of the State of Indonesia shall protect the whole nation of Indonesia and the entire homeland of Indonesia, and in order to advance public welfare, educate the life of the nation, and participate in the establishment of a world order based on freedom, lasting peace, and social justice." The realization of the right to

health in the 1945 Constitution is reflected in Article 28H paragraphs (1), (2), and (3), which essentially guarantee that every Indonesian citizen has the right to a prosperous life, access to a healthy living environment, health services, and social security that enables the full development of a dignified human being based on principles of equality and justice.

Its implementation is further elaborated in Article 5 of Law No. 39 of 1999 on Human Rights, which states that: *“Every person belonging to vulnerable groups shall have the right to receive more favorable treatment and protection in accordance with their specific characteristics.”* Additionally, Article 4 letter j of Law No. 25 of 2009 on Public Services stipulates that the delivery of public services shall be based on *“facilities and special treatment for vulnerable groups.”* The elucidation of Article 4 letter j explains that *“the provision of facilitation for vulnerable groups is intended to ensure justice in public services.”* This is further strengthened in Chapter Five on Special Services, particularly Article 29 paragraph (1), which states: *“Public service providers are obliged to provide services with special treatment to certain members of society in accordance with statutory regulations.”*

C. Indonesian Migrant Workers From Central Sulawesi Province

Migration influences the spread of infectious diseases among migrant workers.³³ The migration undertaken by IMW constitutes international labor migration, as it involves crossing national borders for the purpose of obtaining employment and earning income in another country. This type of migration is temporary in nature, with duration and period of stay determined by the employment contract.

According to Law No. 18/2017, Article 1(2), IMW is defined as any Indonesian citizen who is, or has been, employed for pay outside the

³³ Lin Wang, Xiao Wang Influence of temporary migration on the transmission of infectious diseases in a migrants' home village, *Journal of Theoretical Biology*, Volume 300, 7 May 2012, h. 100.

Republic of Indonesia. "Every Indonesian Migrant Worker who will work abroad must meet the following requirements: be at least 18 years old; possess the necessary competencies; be physically and mentally healthy; be registered and have a Social Security number; and have complete required documents," according to Article 5 of the same law. Both the formal and informal industries employ them.

Migrant labourers from Indonesia are vital contributors to the country's economic growth. People in the Working Age Population (PUK) who can engage in productive economic activities or produce goods and services are considered potential development agents.³⁴

In labour studies, the Working Age Population refers to people aged 15 or older. They are separated into two groups: (a) the Labour Force, which consists of people who are currently employed or actively seeking employment (including the unemployed); and (b) the Non-Labor Force, which consists of people who are 15 years of age or older who are still enrolled in school, taking care of the home, or participating in other non-economic activities.³⁵ The Labour Force, which comprises people actively participating in or aspiring to participate in the labour market both domestically and globally, is the main focus of labour development for these two groups.

Based on BPS data from August 2024, the Working Age Population (individuals aged 15 and above) continues to increase in line with Indonesia's growing population. In August 2024, the working-age population increased by 2.78 million compared with August 2023. The majority of this population constitutes the labor force, amounting to 152.11 million people, while the remaining 63.26 million fall into the non-labor force category. This large labor force, representing the supply of labor for the production of goods and services, presents a valuable opportunity for Indonesia to enhance productivity and economic

³⁴ Kementerian Ketenagakerjaan RI. "Rencana Tenaga Kerja Nasional Tahun 2025-2029," Badan Perencanaan dan Pengembangan Ketenagakerjaan, Pusat Perencanaan Ketenagakerjaan, 2024. https://satudata.kemnaker.go.id/satudata-public/2024/10/files/publikasi/1737083676141_Rencana%2520Tenaga%2520Kerja%2520Nasional%2520Tahun%25202025-2029.pdf

³⁵ Kementerian Ketenagakerjaan RI.

competitiveness. As a result, the government must provide supporting interventions, including better education and public health systems and the creation of quality jobs.³⁶

Central Sulawesi, with a population of 3,156,10 people in 2025 spread across 12 regencies and one city, is one of the regions contributing to the supply of prospective and current migrant workers, both through legal and illegal channels.³⁷ Between January and December 2024, a total of 378 IMWs originated from Central Sulawesi, an increase of 29.2% (85 individuals) compared with 2023 (293 people), active in both formal and informal labor markets. This figure does not include unregistered or irregular migrant workers, who are still frequently found.

The number of Central Sulawesi residents working abroad continues to grow each year. This growing interest is driven by several factors. First, the availability of various job opportunities abroad, which are disseminated by the Provincial Government through the Provincial Manpower Office in collaboration with institutions such as Tadulako University and BP2MI via job fairs, outreach programs, and social media platforms (Instagram and Facebook). Residents also obtain information through licensed recruitment agencies (P3MI) conducting village-level recruitment, as well as through friends, family, and even brokers. Second, economic factors, poverty, and educational limitations contribute to the desire to work abroad. Third, the scarcity of employment opportunities in the region. Fourth, personal factors such as divorce, domestic issues, and violence. Fifth, climate-related factors and other contributing circumstances.

³⁶ Kementerian Ketenagakerjaan RI. "Laporan Kinerja Kementerian Ketenagakerjaan Tahun 2024," Biro Perencanaan dan Manajemen Kinerja, 2025, pp. 18. Portal PPID Kemnaker, https://ppid.kemnaker.go.id/uploads/laporan_kinerja_2024.pdf.

³⁷ Badan Pusat Statistik Provinsi Sulawesi Tengah. "Provinsi Sulawesi Tengah Dalam Angka 2025," BPS Provinsi Sulawesi Tengah, vol. 5, 2025, pp. 5-89. <https://sulteng.bps.go.id/id/publication/2025/02/28/d99fa9772e3aac88cb25e6a8/provinsi-sulawesi-tengah-dalam-angka-2025.html>.

The increasing enthusiasm of Central Sulawesi residents to work overseas is an important concern for the regional government in reducing unemployment and improving workforce quality. Competence, skills, knowledge, and health of prospective and current migrant workers are primary priorities for the Provincial Government to ensure that migrant workers from Central Sulawesi have a competitive position relative to migrant workers from other regions.

As previously noted, the working-age population aged 15 years and above represents the segment actively seeking employment. However, within this age group, cases of HIV and tuberculosis have been reported in Central Sulawesi. Under such circumstances, prospective and current migrant workers (PIMW/IMW) are vulnerable to various diseases, including HIV/AIDS, malaria, MERS, SARS, hepatitis, tuberculosis, COVID-19, and others. Consequently, ensuring and safeguarding their right to health is necessary before departure, throughout employment abroad, and after returning to Indonesia.

D. Achievements and Challenges of the Central Sulawesi Regional Government in Preventing and Controlling Infectious Diseases among Indonesian Migrant Workers within the Sustainable Development Goals Framework

The role of government at the local level is crucial in maintaining the health of the working-age population. Economic growth in a country relies heavily on the availability of a workforce that engages the population in various economic activities. Therefore, development must be directed at improving workforce quality, including strengthening and fulfilling health needs. Health is an essential factor in enhancing the standards of human resources for competitive migrant workers.

With Law No. 59 of 2024 on the National Long-Term Development Plan for 2025-2045 in place to support the realization of

the Vision of Golden Indonesia 2045,³⁸ the Unitary State of the Republic of Indonesia that is United, Sovereign, Advanced, and Sustainable, improving competitive and high-quality human resources is one of the goals of Golden Indonesia 2045 under President Prabowo's leadership. The National RPJM for 2025-2045 was prepared with one of the sustainable aspects in mind, namely Sustainable Development (TPB) or SDGs.

In September 2015, 159 heads of state gathered at the UN General Assembly to establish the SDGs. The SDGs were adopted by every nation worldwide as part of the 2030 Global Agenda. For the 2015–2030 implementation period, the SDGs consist of 17 objectives and 169 targets.³⁹ Therefore, the Indonesian government is strongly committed to achieving the SDG target of eliminating infectious diseases by 2030.

When the SDGs were first being developed globally, Indonesia started incorporating them into the National Medium-Term Development Plan (RPJMN) for 2015–2019 and 2020–2024 so that the substance contained in the TPB/SDGs would be aligned with the RPJMN, which is the elaboration of Nawacita as the President's Vision and Mission (in the Jokowi Era). The number of TPB/SDG targets integrated into the RPJMN for 2020-2024 is 124. This is a form of government commitment to the successful implementation of the TPB/SDGs in Indonesia, as Indonesia's implementation of the

³⁸ Kementerian PPN/Bappenas. "Visi Indonesia Emas 2045: Negara Nusantara Berdaulat, Maju, dan Berkelanjutan," Kementerian Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional, 2024. Portal Resmi RPJPN 2025-2045, <https://indonesia2045.go.id/tentang.2025.html>.

³⁹ Kedeputan Bidang Kemaritiman dan Sumber Daya Alam, Kementerian Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional. "Pedoman Teknis Penyusunan Rencana Aksi Tujuan Pembangunan Berkelanjutan (TPB)/Sustainable Development Goals (SDGs)," Kementerian PPN/Bappenas, 2020, hlm. iii. Portal Satu Data SDGs Bappenas, [https://perpustakaan.bappenas.go.id/e-library/file_upload/koleksi/dokumenbappenas/konten/Upload%20Terbaru/Buku-Pedoman-Rencana-Aksi-SDGs%20\(1\).pdf](https://perpustakaan.bappenas.go.id/e-library/file_upload/koleksi/dokumenbappenas/konten/Upload%20Terbaru/Buku-Pedoman-Rencana-Aksi-SDGs%20(1).pdf).

TPB/SDGs is part of the National Development Agenda and reflects Indonesia's support for the achievement of the 2030 Agenda at the global level. In the era of President Jokowi, the target for achieving the SDGs is set out in Presidential Regulation Number 59 of 2017 on the implementation of achieving the SDGs. Under the Presidential Regulation, the Indonesian government assigns regional governments, in this case the governor, as the local representative of the central government to coordinate and collaborate with regents and mayors to implement the SDGs at the regional level, especially in achieving the target of Goal 3, as previously explained above.

Therefore, the Indonesian government, in implementing the SDG goals, needs to incorporate them into the National Action Plan (RAN) and the Regional Action Plan (RAK). Regional governments are the driving force in the success of the SDG programs. However, from these programs, some targets are difficult to realize or complete, so they were continued in the era of President Prabowo with the presence of Law No. 59 of 2024 on the National Long-Term Development Plan for 2025-2045, in which Article 5 states that the Vision of Golden Indonesia 2045 is measured through 5 (five) vision targets, one of which is increasing the competitiveness of human resources. President Prabowo is advancing the Vision of Golden Indonesia 2045 through Presidential Regulation No. 12 of 2025 on the National Medium-Term Development Plan (RPJMN). This RPJMN outlines strategic steps to realize the President's vision for the 2025-2029 period, namely "Together with Advanced Indonesia, Towards Golden Indonesia 2045." These steps are grouped into eight national priorities for medium-term development, which are direct implementations of the President's eight missions, or *Asta Cita*. The eight national priorities are strengthening human resource development (HR), research, technology, education, health, sports accomplishments, gender equity, and women and youth participation (millennials and Generation Z), and people with

disabilities. To increase competitive HR, the health aspect is an important part that the Indonesian government needs to address. One of the SDGs the Indonesian government aims to achieve is the health goal.

The health aspect is Goal 3 of the SDGs, namely ensuring healthy lives and promoting well-being for all at all ages. To achieve Goal 3, one target is to end major infectious disease epidemics and combat hepatitis and waterborne diseases. For this reason, the National Medium-Term Development Plan (RPJM) serves as the legal basis for tracking Regional RPJMs by taking into account the duties and functions of Regional Governments in achieving the National Development targets set out in the National RPJM. For the national target, it is expected to increase control over infectious and non-infectious diseases and improve environmental health. Under the national target, regional governments are required to determine the tuberculosis incidence (per 100,000 population) and HIV incidence (per 100,000 population).

The SDGs objectives carried out by the Central Sulawesi Regional Government in fulfilling the right to health in efforts to prevent and control infectious diseases like tuberculosis and HIV/AIDS in the last 3 years (2023 to June 2025) found 20,950 people with TB (2023: 8,018; 2024: 8,727; 2025 (January to June): 4,205). For TB death data from 2023 to 2025, as many as 1,080 people died.⁴⁰ Data on HIV case findings in the period from 2023 to June 2025 show that as many as 1,739 people were affected, with the number of deaths among people living with HIV throughout the Central Sulawesi region as high as 258

⁴⁰ Dinas Kesehatan Provinsi Sulawesi Tengah. "Profil Kesehatan Provinsi Sulawesi Tengah Tahun 2025: Data Pencegahan dan Pengendalian Penyakit Menular," Dinas Kesehatan Provinsi Sulawesi Tengah, 2025. Dinkes Sulteng Portal, <https://dinkes.sultengprov.go.id/wp-content/uploads/2026/08/PROFIL-DINAS-KESEHATAN-2025.pdf>.

people.⁴¹ Based on the age group of HIV cases found, they were at the age of ≥ 50 years. From 2023 to June 2025, the number of TB cases in Indonesia reached 1,768. Meanwhile, the number of TB cases found between 2023 and June 2025 reached 14,530.⁴² Most HIV and AIDS cases are found in the productive age group of 20-49 years. This is because the productive age group is more vulnerable to risky behaviors such as unsafe sex and injecting drug use.⁴³ One of the target populations for the Health Development program in Indonesia is the productive-age population (ages 15-64), totaling 192,669,178 people.

The national indicator for reducing tuberculosis prevalence is 10,066 cases for the 2021-2025 target. In 2024, case detection will reach 87%, up from 67% in 2023, representing a 20% increase. In 2025, the Central Sulawesi Provincial Health Office detected 2,791 cases, or 28%. In the previous year, according to the Central Sulawesi Provincial Health Office, 10,080 cases were detected. Therefore, the estimated number of TB cases in Central Sulawesi decreases annually as the Health Office detects more cases. These findings are based on data input from independent physicians, private clinics, polyclinics, and hospitals in Central Sulawesi.

There's no annual estimate for HIV case findings, as there is for TB. Cases are identified. Therefore, there's no government target to follow. Findings are based on age and key population groups (transvestites, gay men, prostitutes, correctional inmates, and promiscuous couples).

The SDGs' role in preventing infectious diseases is essential for the Central Sulawesi Regional Government because infectious diseases are one of the things that can threaten the young generation of productive age, who are the next generation of the nation. Therefore, the Central

⁴¹ Dinas Kesehatan Provinsi Sulawesi Tengah.

⁴² Dinas Kesehatan Provinsi Sulawesi Tengah.

⁴³ Kementerian Kesehatan RI. "Profil Kesehatan Indonesia Tahun 2023," Kementerian Kesehatan RI, 2024, pp. 173-179. Kemenkes Repository, kemkes.go.id.

Sulawesi Regional Government has a crucial role in maintaining the health of its people through efforts that can be done in the prevention and control of infectious diseases, especially for those of productive age who will work or become PIMW/IMW or who are already working because they are the subjects of development in the Central Sulawesi region and as drivers of the regional economy. The Central Sulawesi Regional Government's fulfillment of IMW's health rights through the SDGs Goal 3 program, specifically the prevention and control of infectious diseases, is referred to in CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) of 2000, specifically availability, accessibility, acceptability, and quality.

Law Number 17 of 2023 on health stipulates that in order to improve the highest level of public health based on the principles of welfare, equity, non-discrimination, participation, and sustainability in the context of developing quality and productive human resources, reducing disparities, strengthening quality health services, increasing health resilience, ensuring a healthy life, and advancing the welfare of all citizens and the nation's competitiveness for the achievement of national development goals. The Health Law assigns the central government and regional governments the authority to plan, regulate, organise, promote, and oversee the execution of safe, effective, equitable, and reasonably priced health initiatives for the community, as well as to enhance and expand health initiatives in order to improve access to and quality of health services. Controlling infectious diseases through coordinated, integrated, and sustained individual and community health programs is one of the health initiatives.

The Central Government, Regional Governments, and the Community are responsible for controlling infectious illnesses through preventive, control, and eradication efforts, as well as for the repercussions they create, according to Article 89 of the Health Law.

This is done to prevent the disease from spreading throughout the community, lower the number of sick, disabled, and/or deceased individuals, and lessen the negative social and economic effects of infectious diseases. Authorized medical personnel and/or health workers can examine people or groups suspected of contracting the disease or having risk factors for infectious diseases, and/or examine places suspected of harbouring vectors and other sources of disease. Moreover, cooperation between the Central and Regional Governments and other countries may be carried out in accordance with relevant laws and regulations.

The Central Government is not the only entity responsible for safeguarding migrant workers' rights; regional governments are also involved. This is based on Law No. 18 of 2017 on Migrant Worker Protection, which assigns regional governments the duty to protect IMWs in their regions, including the fulfillment of their health rights.⁴⁴

CESCR General Comment No. 14 (2000) identifies availability, accessibility, acceptability, and quality as key components of the right to health. According to Central Sulawesi Provincial Health Office Data, the availability of health facilities in the Central Sulawesi region is 219 registered health centres, 138 registered clinics (5 main clinics and 123 pratama clinics), and 40 hospitals for the entire Central Sulawesi region. With the availability of health facilities, this is one of the efforts of the regional government in fulfilling the right to public health, including PIMW/IMW as an effort to prevent and control infectious diseases.

Accessibility: The Central Sulawesi Provincial Government has made healthcare facilities, products, and services available to disadvantaged populations, including PIMW/IMW in Central Sulawesi, without discrimination. For example, UNDATA Hospital serves as a referral hospital for PIMW/IMW to undergo health checks. Undata Hospital has a Type B qualification, which is the result of an assessment by the Central Sulawesi Provincial Health Office and is a

⁴⁴ Anggriani, Riri, and Arfanita. "Perlukah Pekerja Migran Indonesia Dilindungi?." *Widya Yuridika: Jurnal Hukum*, 7(1), 2024, pp. 59–72. *Journal Universitas Widyagama*, publishing-widyagama.ac.id.

recommendation from the Palu BP2MI. PIMW/IMW can undergo health checks both before leaving for work and after returning to their hometowns. Acceptability. Health facilities, goods, and services are available, eligible, and of adequate medical quality. This is achieved by the availability of professional and skilled doctors and nurses, as well as the availability of medicines in efforts to prevent and control infectious diseases for any concerned Central Sulawesi residents. This means that PIMW/IMW from Central Sulawesi have no difficulty in gaining access to public health facilities in Central Sulawesi.

In another effort to improve the quality of health services and control infectious diseases, the Central Sulawesi Regional Government has issued Central Sulawesi Provincial Regulation Number 1 of 2024 on Health Provision. Planning, regulating, coordinating, promoting, and overseeing the execution of high-quality, safe, effective, equitable, and reasonably priced health initiatives for the community is one of the regional government's responsibilities. The regional government and the community are responsible for controlling infectious diseases through individual health efforts and community health efforts that are implemented in a coordinated, integrated, and sustainable manner. Therefore, the Central Sulawesi Regional Government carries out health efforts targeting productive-age communities, especially PIMW/IMW, for infectious diseases at the pre-work, during-work, and until-returning-home stages, including their family members, because they are the drivers of regional development and the economy.

However, the Central Sulawesi Regional Government faces obstacles in fulfilling the health rights of PIMW/IMW from infectious diseases, including: First, there is a legal framework for the fulfillment of the Right to Health for PIMW/IMW, but its implementation is often inadequate. This is caused by the lack of effective coordination and synchronization of multi-stakeholders across sectors related to IMW, such as BP2MI, the Provincial Manpower Office, Immigration, Non-Governmental Organizations, and Villages. Especially related to all information and socialization carried out regarding the authority and duties of these stakeholders. Why is this? Because, from the results of

interviews with retired IMWs in Langaleso Village and Lambara Village, in general, retired IMWs, when they work outside, have very limited information on health issues, especially regarding material on infectious diseases that have the potential to be contracted before working or being in the country of placement.

Second, the Central Sulawesi Provincial Health Office, as the designated agency for combating infectious diseases, faces challenges in obtaining data, influence, and management or control of infectious diseases. These resources are obtained through the TB Information System (SITB), the HIV Information System (SIHA), the Malaria Surveillance Information System (SISMAL), and the Indonesian Hepatitis Information System (SIHEPI). These information systems are used by all health care facilities in Central Sulawesi, including community health centers (Puskesmas), clinics, and hospitals (both private and government), among others, to provide information on infectious disease cases.

However, research findings indicate obstacles in collecting data on individuals infected with infectious diseases. This is primarily due to the fact that tuberculosis officers at community health centers rarely monitor the data entered into the system. Consequently, if a person with a positive TB indication has not been investigated for contact with the individual, who may have come from the health care facility, or screening within the family of the person suspected of having TB has not been conducted. It is crucial to conduct contact investigations and interview family members immediately to detect the individual early and prevent transmission. Health facilities are required to comply with this obligation, as stated in Article 12 of Presidential Regulation No. 67 of 2021 on TB control, which provides that "every health care facility that finds a TB patient must report to the district/city health office." Failure to do so could result in administrative sanctions, including revocation of its operating permit. Another challenge is the discovery of individuals diagnosed with TB by the Health Office who refuse to seek treatment. Another challenge is the treatment failure rate, where patients stop treatment midway. This is because TB patients with

drug-resistant status have very expensive drugs that can reach 1-2 million per pill, or because patients experience side effects from the drugs.

There is no annual target for HIV/AIDS, as is the case with tuberculosis, in the local government. The Central Sulawesi Provincial Health Office must identify cases/sufferers based on age and key population groups. The Office approaches these key populations to encourage them to seek HIV screening. The Central Sulawesi Provincial Health Office finds it difficult to identify cases due to a lack of public awareness about the need for screening. This pertains to the right to privacy and to stigma, discrimination, isolation, rejection, and ostracization of people suspected of having HIV/AIDS. This stigma arises because people who are infected with HIV/AIDS are believed to be infected by immoral behaviour, which is considered unacceptable by social norms. The Office cannot force people to undergo HIV/AIDS testing, as this relates to everyone's right to privacy.

The third obstacle is the fulfilment of the right to health for PIMW/IMW from the transmission of infectious diseases, which concerns social security. As stipulated in the IMW Protection Law, the Regional Government is obliged to ensure that every IMW from its region who will work in the country of placement has a social protection system. This social protection is a form of safety protection from the state or regional government intended not only for IMWs but also for IMWs' family members. The regional government, along with other policymakers who handle IMWs, needs to ensure that every PIMW/IMW is procedurally entitled to receive social security before, during, and after work, especially in the employment agreement and/or placement agreement or based on the regulations in force in the country of placement.

IMWs from Central Sulawesi registered with BPJS Employment in Central Sulawesi for the period from 2023 to July 22, 2025, amounted to 1,125 people.⁴⁵ BPJS Employment of Central Sulawesi provides social

⁴⁵ Kementerian Ketenagakerjaan RI. "Jumlah Peserta Aktif BPJS Ketenagakerjaan per Provinsi pada November 2025." Satu Data Kemnaker, 2026, <https://satudata.kemnaker.go.id/data/kumpulan-data/2679>.

safety to IMWs from Central Sulawesi who are currently, will be, or have been employed and received remuneration outside the territory of the Republic of Indonesia, namely through Work Accident Insurance (JKK) and Death Insurance (JKN). However, there are several obstacles faced by IMW related to BPJS Employment, including: BPJS Employment does not cover infectious diseases suffered by IMW while abroad. If IMW is infected with hepatitis or other infectious diseases, it needs to be scientifically proven because it is categorized as an occupational disease. The Republic of Indonesia's Presidential Regulation Number 7 of 2019 on Occupational Diseases defines occupational diseases as illnesses arising from employment and/or the workplace. Work Accident Insurance (JKK) provides cash benefits and/or healthcare services for work-related accidents or occupational diseases. The difficulty for IMW is to scientifically prove whether they are infected with infectious diseases in the work environment.

BPJS Employment does not cover Indonesian migrant workers' health issues. BPJS Employment does not cover the costs of care, treatment, or illness incurred while working abroad. BPJS Employment only covers death, work-related accidents (before departure or while in the country of employment), and disability.

In addition, BPJS does not yet have cooperation with health facilities in the countries of placement of IMWs, because there are no standards set with hospitals or clinics in the countries of placement regarding IMW care and treatment in the receiving country. BPJS Employment has not accommodated the characteristics of migrant workers, who are mostly in the service sector. There are no BPJS service units in the countries of placement; IMW social security material has not been institutionalized into the Pre-Departure Orientation (OPP); existing policies do not require IMW to join the JHT scheme needed by migrant workers, and there is a lack of socialization and dissemination of information

The fourth obstacle is the lack of literacy and societal awareness of the health rights of PIMW/IMW and the dangers of infectious diseases. This is evident in the level of education possessed by PIMW/IMW. According to national data from the Centre for the Protection and

Empowerment of Indonesian Migrant Workers (PUSDATIK) of the Ministry of P2MI/BP2MI, the placement of IMW for the 2022, 2023, and 2024 periods based on IMW education is 177,211 people in Elementary School (ES), 248,120 people in Junior High School (JHS), and 347,538 people in Senior High School (SHS) (PUSDATIK of the Ministry of P2MI/BP2MI, 2024). Educational attainment remains low in Central Sulawesi. Vocational High School (VHS) graduates had the greatest Open Access Rate (TPT) of any educational level in August 2024, at 6.63%, according to statistics from the Central Sulawesi Provincial Statistics Agency. The next highest TPTs were for Associate Degree (AD) I/II/III graduates and SHS graduates, at 4.27% and 4.26%, respectively. In other words, there is an under-absorbed labor supply, particularly at the VHS, SHS, and Diploma I/II/III levels.

This data illustrates that the workforce with secondary to higher education struggles to compete with those with basic education. This can be seen from the lowest TPT for ES education and below, which was 1.61 percent in August 2024 (BPS Central Sulawesi Province, 2025). From the results of interviews with 50 retired migrant workers in two villages, namely Lamabara Village and Langgaleso Village, most of them were only high school graduates. Limited education makes it difficult for low-educated residents to compete in the domestic and international job markets. Some of those interested in working abroad undertake informal sector work, namely, working as domestic helpers, elderly caregivers, and so on. Besides educational factors, the continued prevalence of poverty in Central Sulawesi is another key factor. The population living in poverty in March 2025 was 356.19 thousand, a decrease of 2.14 thousand from September 2024 (Central Sulawesi, 2025).

E. Conclusion

First, while supporting national and international SDG initiatives, the Central Sulawesi Provincial Government has complied with its legal obligations under both national and international human rights treaties addressing the fulfilment of health rights for PIMW/IMW impacted by

infectious diseases. The fulfillment of health rights for PIMW/IMW from infectious diseases has been carried out before the IMW worked and upon their return, through collaboration and coordination with relevant parties, including Indonesian Representatives abroad, BP2MI, the Health Office, BPJS Employment, and so on. In addition, to achieve Goal 3 of the Global and National SDGs, the Central Sulawesi Provincial Government continues to run the program until the target in 2030 and beyond, even until the Golden Indonesia Vision in 2045. All actions and policies carried out by the Central Sulawesi Provincial Government are based on the Theory of the Rule of Law and Democracy and the Theory of Legal Protection of Human Rights for PIMW/IMW as a group vulnerable to contracting infectious diseases. Second, the efforts that have been made by the Regional Government of Central Sulawesi Province in fulfilling the right to health of PIMW/IMW from infectious diseases are based on CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) of 2000, by fulfilling health standards with availability, accessibility, acceptability, and quality. In an effort to prevent and manage infectious diseases and to fulfil the right to health for PIMW/IMW from Central Sulawesi, the Regional Government of Central Sulawesi Province has provided high-quality health facilities and infrastructure.

F. References

- Anggriani, Riri, and Arfanita. "Perluakah Pekerja Migran Indonesia Dilindungi?." *Widya Yuridika: Jurnal Hukum*, 7(1), 2024, pp. 59–72. Journal Universitas Widyagama, publishing-widyagama.ac.id.
- Badan Pusat Statistik Provinsi Sulawesi Tengah. "Provinsi Sulawesi Tengah Dalam Angka 2025," BPS Provinsi Sulawesi Tengah, vol. 5, 2025, pp. 5-89. <https://sulteng.bps.go.id/id/publication/2025/02/28/d99fa9772e3aac88cb25e6a8/provinsi-sulawesi-tengah-dalam-angka>

- Centre for Health Protection, Department of Health. "Factsheet: HIV/AIDS Situation in Hong Kong, 2023," Virtual AIDS Office, 2024. https://www.aids.gov.hk/english/surveillance/sur_archives.html
- Dinas Kesehatan Provinsi Sulawesi Tengah. "Profil kesehatan Provinsi Sulawesi Tengah tahun 2025 (Bidang Pencegahan dan Pengendalian Penyakit)," Dinas Kesehatan Provinsi Sulawesi Tengah, 2026. <https://dinkes.sultengprov.go.id/wp-content/uploads/2026/08/PROFIL-DINAS-KESEHATAN-2025.pdf>
- International Labour Organization. "ILO Global Estimates on International Migrant Workers: Results and Methodology." International Labour Office, Geneva: ILO (2021): 1–74. <https://www.ilo.org/resource/news/international-migrants-are-vital-force-global-labour-market>
- International Labour Organization. "ILO Global Estimates on International Migrant Workers: International migrants in the labour force Fourth edition." Geneva: International Labour Office (2024): 11–15. <https://www.ilo.org/publications/major-publications/ilo-global-estimates-international-migrants-labour-force>
- International Labour Organization. "ILO Global Estimates on International Migrant Workers: International migrants in the labour force. 4th ed.," International Labour Office, 2024, p. xviii. ILO Digital. <https://www.ilo.org/publications/major-publications/ilo-global-estimates-international-migrants-labour-force>
- International Organization for Migration. World migration Report 2024: Migration Continues to be Part of The Solution for Many Economies, Societies and Families Around The World. <https://worldmigrationreport.iom.int/what-we-do/world-migration-report-2024/chapter-1/migration-continues-be-part-solution-many-economies-societies-and-families-around-world>

- International Organization for Migration. "Climate Change and Migration: Understanding the Context. World Migration Report 2026," 2026.
<https://worldmigrationreport.iom.int/what-we-do/world-migration-report-2026/chapter-6/climate-change-and-migration-understanding-context>.
- Jatmiko, Ludfie. "Perlindungan Jaminan Kesehatan bagi Pekerja Migran Indonesia Sektor Informal," *The Prosecutor Law Review*, vol. 1, no. 1, April 2023, pp. 119–151. Portal Jurnal Kejaksaan, <https://prolev.kejaksaan.go.id/kejaksaan/article/view/3>.
- Kedeputan Bidang Kemaritiman dan Sumber Daya Alam, Kementerian Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional. "Pedoman Teknis Penyusunan Rencana Aksi Tujuan Pembangunan Berkelanjutan (TPB)/Sustainable Development Goals (SDGs)," Kementerian PPN/Bappenas, 2020, hlm. iii. Portal Satu Data SDGs Bappenas, [https://perpustakaan.bappenas.go.id/e-library/file_upload/koleksi/dokumenbappenas/konten/Upload%20Terbaru/Buku-Pedoman-Rencana-Aksi-SDGs%20\(1\).pdf](https://perpustakaan.bappenas.go.id/e-library/file_upload/koleksi/dokumenbappenas/konten/Upload%20Terbaru/Buku-Pedoman-Rencana-Aksi-SDGs%20(1).pdf)
- Kementerian Ketenagakerjaan RI. "Jumlah Peserta Aktif BPJS Ketenagakerjaan per Provinsi pada November 2025." Satu Data Kemnaker, 2026, <https://satudata.kemnaker.go.id/data/kumpulan-data/2679>.
- Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia, "Data Penempatan Pekerja Migran Indonesia Asal Sulawesi Tengah Tahun 2024," (Palu: Balai Pelayanan Pelindungan Pekerja Migran Indonesia Sulawesi Tengah, 20 Palu: Balai Pelayanan Pelindungan Pekerja Migran Indonesia Sulawesi Tengah (2024). https://satudata.bp2mi.go.id/dataset_detail/penempatan-tahun-2024-berdasarkan-asal-provinsi-pmi.
- Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia (BP2MI). "Statistik Layanan Pengaduan Pekerja Migran Indonesia," 2025, <https://bp2mi.go.id/dashboard-publik>.

- Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia. "European Region, African Region, Eastern Mediterranean Region, South-East Asian Region, dan Region of the Americas dalam Rekapitulasi Data Penempatan Pekerja Migran Indonesia Tahun 2024 (sd. April) berdasarkan Negara Penempatan," Portal Satu Data KemenP2MI. 2024,
https://satudata.bp2mi.go.id/dataset_detail/data-penempatan-tahun-2024-berdasarkan-negara-penempatan
- Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia. "Statistik Layanan Penempatan dan Pelindungan Pekerja Migran Indonesia," Portal Satu Data KemenP2MI. <https://siskop2mi.bp2mi.go.id/>.
- Kementerian Pelindungan Pekerja Migran Indonesia/Badan Pelindungan Pekerja Migran Indonesia. "Statistik Layanan Penempatan Pekerja Migran Indonesia Tahun 2024," Portal Satu Data KemenP2MI, 2024.
https://satudata.bp2mi.go.id/dataset_detail/data-penempatan-tahun-2024-berdasarkan-negara-penempatan
- Kementerian Kesehatan RI. "Profil Kesehatan Indonesia Tahun 2023," Kementerian Kesehatan RI, 2024, pp. 173, 179. Kemenkes Repository, <https://repository.kemkes.go.id/book/1276>.
- Kementerian Ketenagakerjaan RI. "Rencana Tenaga Kerja Nasional Tahun 2025-2029," Badan Perencanaan dan Pengembangan Ketenagakerjaan, Pusat Perencanaan Ketenagakerjaan, 2024.
https://satudata.kemnaker.go.id/satudata-public/2024/10/files/publikasi/1737083676141_Rencana%2520Tenaga%2520Kerja%2520Nasional%2520Tahun%25202025
- Kementerian Ketenagakerjaan RI. "Laporan Kinerja Kementerian Ketenagakerjaan Tahun 2024," Biro Perencanaan dan Manajemen Kinerja, 2025, pp. 18. Portal PPID Kemnaker, https://ppid.kemnaker.go.id/uploads/laporan_kinerja_2024.pdf.
- Kementerian PPN/Bappenas. "Visi Indonesia Emas 2045: Negara Nusantara Berdaulat, Maju, dan Berkelanjutan," Kementerian

- Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional, 2024. Portal Resmi RPJPN 2025-2045, <https://indonesia2045.go.id/tentang.2025.html>.
- Kementerian Kesehatan RI. "Profil Kesehatan Indonesia Tahun 2023," Kementerian Kesehatan RI, 2024, pp. 173-179. Kemenkes Repository, kemkes.go.id.
- McAuliffe, Marie, and Linda Adhiambo Oucho. "World Migration Report 2024." International Organization for Migration (IOM), Geneva, 2024, pp. 1-384. International Labour Office, Geneva: ILO (2021): 1-113. <https://publications.iom.int/books/world-migration-report-2024>.
- Nahar, Faiza Husnayeni and Arshad, Mohd Nahar. "Effects of Remittances on Poverty Reduction: The Case of Indonesia," *Journal of Indonesian Economy and Business*, 32(3), pp. 163-177. <https://doi.org/10.22146/jieb.28678>
- Putri, Dina Eka and Mahkroja, Mega Nisfa. "Trend Analysis of Indonesian Migrant Worker Profiles: Redirecting Strategy on Indonesia's Demographic Bonus," *IJPSS: Indonesian Journal of Peace and Security Studies*, 2023, 5(1), pp. 56-76, <https://pdfs.semanticscholar.org/793f/e25f023d7c996ce9e328fe556aa804e04849.pdf>
- Republic of Indonesia. (1945). "Constitution of the Republic of Indonesia of 1945," Secretariat General of the People's Consultative Assembly of the Republic of Indonesia. https://www.mpr.go.id/img/sosialisasi/file/1610334013_file_mpr.pdf.
- Seidahmed, Osama, Jamea Sharon, Kurumop, Serah, Timbi, Diana, Makita, Leo, Ahmed, Munir, Freeman, Tim, Pomat, William, and Hetzel Manuel W. "Stratification of Malaria Incidence in Papua New Guinea (2011-2019): Contribution towards a Sub-national Control Policy." *Plos Global Public Health*, 2022, pp. 1-26. <https://doi.org/10.1371/journal.pgph.0000747>.
- Singh, Upasana, "Globalization, International the Rights of Migrant Workers," *International Journal of Creative Research Thoughts*

- (IJCRT), 12 (12), 2024, h. 716.
<https://ijcrt.org/confirmationletter.php?&pid=IJCRT2412402>.
- Tah, Kenneth A. "Remittances and financial access: Evidence from Sub-Saharan Africa," *Cogent Economics & Finance*, 2019, 7(1), pp. 1–10. <https://doi.org/10.1080/23322039.2019.1570581>.
- Unit Pelaksana Teknis Badan Pelindungan Pekerja Migran Indonesia Palu. "Data Remitansi Pekerja Migran Indonesia Asal Sulawesi Tengah Tahun 2018–2020," Palu: UPT BP2MI Palu (2020).
[.https://siskop2mi.bp2mi.go.id/profil/lembaga/detail/1143/upt](https://siskop2mi.bp2mi.go.id/profil/lembaga/detail/1143/upt)
- Wang, Lin, and Xiao Wang. "Influence of Temporary Migration on the Transmission of Infectious Diseases in a Migrants' Home Village." *Journal of Theoretical Biology*, vol. 300(7), 2012, pp. 91–99. <https://www.sciencedirect.com/science/article/pii/S0022519312000057>.
- World Bank Group. "Migration and Development Brief 40: Remittances Slowed in 2023, Expected to Grow Faster in 2024." Washington, DC: World Bank (2024):1–8, <https://www.knomad.org/publication/migration-and-development-brief-40>.
- World Bank, Migration and Development Brief 40, 15–19; Bank Indonesia, "Remitansi Tenaga Kerja Indonesia," *Statistik Ekonomi dan Keuangan Indonesia* (Jakarta: Bank Indonesia, 2024), <https://www.bi.go.id/id/statistik/ekonomi-keuangan/seki/Default.aspx>.
- World Health Organization. "World health statistics 2024: Monitoring health for the SDGs, Sustainable Development Goals (p. 24)," World Health Organization. <https://www.who.int/publications/i/item/9789240094703>.
- World Health Organization. "World Health Statistics 2024: Monitoring Health for the SDGs, Sustainable Development Goals. World Health Organization, p. 29," World Health Organization., 2024. <https://iris.who.int/items/ff06c470-d54f-4235-b8c8-85fc1da2e861>

World Health Organization. "Papua New Guinea Health Data Overview." WHO Data Portal, 2026, <https://data.who.int/countries/598>.

World Health Organization. "Global Tuberculosis Report 2024," World Health Organization, 2024, p. 2. WHO IRIS Repository. <https://iris.who.int/items/11594883-4360-4536-b85a-7afc4c6ff68d>.

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