

## TRENDS AND MAPPING OF HEALTH POLICY IN INDONESIA (2015-2024): A BIBLIOMETRIC ANALYSIS USING VOSVIEWER

*Tren dan Pemetaan Kebijakan Kesehatan di Indonesia (2015-2024): Analisis  
Bibliometrik Menggunakan Vosviewer*

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### ABSTRAK

Pemerintah Indonesia telah mengadopsi berbagai kebijakan untuk meningkatkan sistem kesehatan, termasuk program jaminan kesehatan nasional (JKN), peningkatan infrastruktur kesehatan, serta digitalisasi layanan kesehatan. Ditambah tren global, seperti universal health coverage (UHC), pemanfaatan teknologi kesehatan (e-health), dan tantangan kesehatan akibat perubahan iklim. Tujuan Penelitian ini adalah menganalisis tren dan pemetaan kebijakan kesehatan di Indonesia menggunakan metode kualitatif dengan pendekatan analisis bibliometrik. Analisis Bibliometrik adalah sebuah pendekatan untuk menyoroti wawasan kritis yang dihasilkan dari literatur ilmiah yang dipasok setiap tahun oleh para peneliti dari berbagai negara diseluruh dunia. Sebanyak 67 dokumen yang terindeks Scopus dalam kurun waktu sepuluh tahun terakhir dianalisis menggunakan kata kunci "kebijakan kesehatan", difokuskan pada bidang keperawatan. Data dikonversi ke format CSV dan diolah menggunakan perangkat lunak Bibliometrix dan VOSviewer. Hasil penelitian menunjukkan peningkatan tren penelitian kebijakan kesehatan di Indonesia dari 2015 hingga 2024 yang terindeks scopus. Hal ini menunjukkan perhatian signifikan dari akademisi terhadap topik tersebut. Kata kunci utama dengan kemunculan tertinggi adalah health policy, health care policy, public health, decision making, health insurance, dan global health. Temuan ini menegaskan perlunya perancangan kebijakan kesehatan secara holistik dengan memperhatikan regulasi, implementasi, pemantauan, dan evaluasi berkelanjutan. Kontribusi utama penelitian ini adalah memberikan pemetaan sistematis arah dan celah riset kebijakan kesehatan di Indonesia sebagai dasar agenda riset strategis dan pengambilan keputusan berbasis bukti. Penelitian ini juga mendukung pengembangan kebijakan yang adaptif terhadap dinamika global dan sesuai dengan konteks sosial-geografis Indonesia.

**Kata kunci:** bibliometrik, kebijakan kesehatan, pemetaan, tren

### ABSTRACT

The Indonesian government has adopted various policies to improve the health system, including the national health insurance (JKN) program, improved health infrastructure, and digitalized health services. Added to this are global trends, such as universal health coverage (UHC), utilization of health technology (e-health), and health challenges due to climate change. This study aimed to analyze trends and mapping of health policies in Indonesia using a qualitative method with a bibliometric analysis approach. Bibliometric analysis is an approach to highlighting critical insights generated from scientific literature supplied every year by researchers from various countries worldwide. 67 Scopus-indexed documents within the last ten years were analyzed using the keyword 'health policy,' focusing on nursing. The data was converted to CSV format and processed using Bibliometrix and VOSviewer software. The results showed an increasing trend of health policy research in Indonesia from 2015 to 2024, as indexed by Scopus. This shows significant academic attention to the topic. The keywords with the highest occurrence are health policy, health care policy, public health, decision-making, health insurance, and global health. The findings emphasize the need to design health policies holistically by paying attention to regulation, implementation, monitoring, and continuous evaluation.

The main contribution of this research is to provide a systematic mapping of health policy research directions and gaps in Indonesia as a basis for a strategic research agenda and evidence-based decision-making. This research also supports the development of policies that are adaptive to global dynamics and Indonesia's socio-geographical context.

**Keywords:** bibliometrics, health policy, mapping, trends.

## INTRODUCTION

Health is the most critical aspect of human life and a fundamental right for everyone [1]. Health is not only related to physical conditions but also includes mental and social well-being, thus enabling a person to live productively, both in social and economic aspects [2]. Therefore, health care is needed in prevention and mitigation efforts that require examination, treatment and care to restore health status [1]. Health policy has a strategic role in ensuring every citizen has access to quality health services. Health policy is a set of decisions made by the government related to health [3]. Health policy aims to improve the optimal degree of public health [4], [5]. Well-designed policies enable the government to reduce the burden of disease, improve public welfare, and optimize the efficient use of health resources [6]. This aligns with efforts to strengthen national health through evidence-based planning and inclusive and sustainable financing systems [7].

In Indonesia, health policy is essential in ensuring people's welfare and improving the Human Development Index (HDI) [8]. The government is responsible for ensuring that every citizen has access to fair and equitable health services according to their needs the government is responsible for ensuring that every citizen has access to fair and equitable health services according to their needs [9]. However, health is the government's responsibility and the individual's obligation to maintain the welfare of himself and those around him [10], [11]. Meeting people's needs for health services must be a shared responsibility between the government, the private sector and the community, so that the national health system can run effectively, efficiently and sustainably [12].

Health policy in Indonesia cannot be separated from the influence of global dynamics that shape the direction and priorities of national policy [13]. The World Health Organization has set various standards that serve as references in the implementation of the national health system, including Universal Health Coverage (UHC), control of communicable and non-communicable diseases, and response to global health crises [14]. Indonesia's commitment to the Sustainable Development Goals (SDGs), particularly the third goal on Good Health and Well-Being, has further encouraged the government to strengthen policies that support sustainable and inclusive access to health services [15]. Global challenges such as the COVID-19 pandemic have put enormous pressure on Indonesia's health system, testing its resilience in handling health crises quickly and effectively. The pandemic has shown the importance of more adaptive and evidence-based health policies in responding to emergencies, including optimizing the capacity of health facilities, efficient utilization of medical personnel, and strengthening epidemiological surveillance systems [16]. In addition to pandemics, climate change is also increasingly recognized as a factor affecting public health, with an increased risk of disease due to air pollution, natural disasters, and changes in infectious disease patterns [17].

Some previous studies that have examined health policy include research [18] discussing the Need for the Revitalization of Health Insurance Policy in Indonesia. The results of this study indicate that social health insurance in the National Health Insurance (JKN) scheme allows participants to pay a fixed premium to gain access to the health services needed. However, implementing this program still faces significant challenges, especially in maintaining a balance between optimizing the benefits provided and the availability of funding sources. This imbalance contributes to the BPJS Kesehatan

financial deficit, threatening the program's sustainability. Then, [19] discuss mental health policy review in Indonesia: Towards Achieving Sustainable Development Goals and universal health coverage. mental health policies are still limited and not fully integrated into the national health system. strengthening comprehensive mental health services and integrating mental health policies in the primary health care system is necessary to support the achievement of SDGs and UHC. Furthermore, research [20] discusses Health Policy Analysis Based on Risk Group Analysis of the Distribution of COVID-19 cases in Indonesia in 2020. This study emphasizes the importance of adaptive and data-based health policies in dealing with pandemics, primarily through strengthening risk group-based mitigation strategies. The findings show that groups with high-risk levels, such as older people, individuals with comorbidities, and communities with limited access to health services, require a more specific and targeted policy approach.

The Indonesian government has taken various health policy measures to improve the population's health status. One of the main programmes implemented is the National Health Insurance (JKN) Programme, which aims to provide equitable, affordable, and quality access to health services for the entire community. By 2023, BPJS Kesehatan reported that more than 252 million Indonesians, or around 91% of the total population, have been registered as JKN participants. However, challenges remain, such as inequalities in access between urban and rural areas, high out-of-pocket costs for certain services, and unequal distribution of health workers.

Health development is a crucial aspect of national progress [21]. It increases people's awareness, willingness and ability to adopt a healthy lifestyle, which contributes to improving human development indicators. Nonetheless, Indonesia still faces significant public health challenges. For example, the Indonesian Ministry of Health's 2023 report states that non-communicable diseases (NCDs) such as diabetes and hypertension account for more than 70% of deaths [22]. On the other hand, the problem of child stunting is also still high, with a prevalence of around 21.6% of children under five years old, well above the 20% threshold recommended by WHO [23].

In this regard, health policy strengthening should not only focus on national programmes. However, it should also be aligned with global health agendas, such as Universal Health Coverage (UHC), health digitalisation, and climate change resilient healthcare systems. Indonesia should continue to improve its integration with international policy frameworks while developing localised strategies that suit the country's social, economic, and geographical conditions [24]. The sustainability of the national health system largely depends on balancing the fulfilment of international standards with adaptation to evolving domestic dynamics and challenges.

Based on the identified research gaps and challenges in Indonesia's health policy implementation, this study aims to analyse the developmental trajectory of health policy research in recent years. Previous studies have often examined individual themes—such as health financing, service delivery, or technology—in isolation, without comprehensively mapping their interconnections. Moreover, only a limited number of studies employ bibliometric methods to systematically explore dynamics and collaborations within Indonesian health policy research.

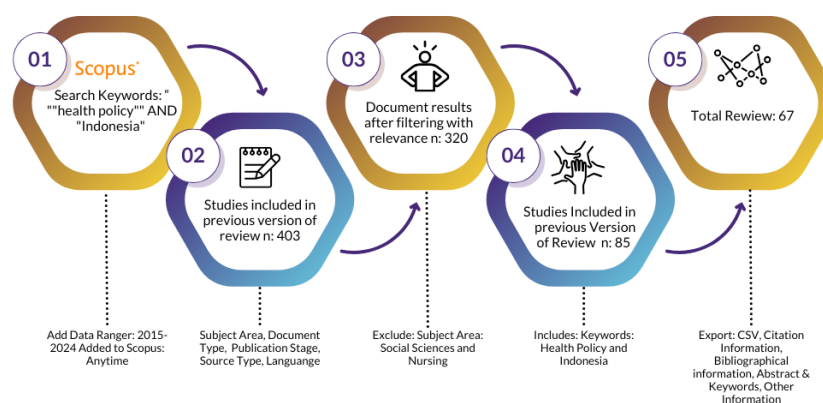
This study addresses these gaps by providing a comprehensive overview of research trends, major themes, author collaborations, and dominant keywords in health policy publications in Indonesia. By identifying the direction of research development, the findings can serve as a foundation for formulating future research agendas and informing more relevant and responsive policy decisions. Using a bibliometric approach, this study analyses publication metadata to identify patterns, topic relationships, keyword evolution, and collaborative networks across time. This method was chosen because it allows systematic mapping of research landscapes while offering an analytical

alternative to traditional literature reviews supported by software tools. The outcomes of this study provide valuable insights into the progression of health policy research and contribute to strengthening evidence-based policymaking in Indonesia.

## METHODS

This research uses a qualitative method with a literature study approach by focusing on bibliometric studies. Bibliometric studies aim to develop and map a survey [25]. This approach involves using bibliographic data, such as citations, number of publications, and journals published, to identify trends, patterns, and structures in academic knowledge production [26], [27]. Bibliometric analysis provides a systematic overview of a research field, helping identify key themes, research gaps, and areas for further development. It also highlights the most frequently studied topics. However, this method depends on indexed databases such as Scopus, which may exclude relevant local or non-indexed publications.

This study used VOSviewer to analyse and visualise bibliographic data, mapping the development of health policy research in Indonesia more clearly. The dataset consisted of Scopus-indexed articles published from 2015 to 2024, collected and processed over one month. Scopus was selected due to its status as a leading global database with high academic standards. Articles retrieved from Scopus in this literature review come from 67 journals downloaded from Scopus in the format of (title-abs-key ("health policy") and title-abs-key (indonesia)) and pubyear > 2015 and pubyear < 2025 and (limit-to (subjarea , "soci") or limit-to (subjarea , "nurs")) and (limit-to ( doctype , "ar" )) and (limit-to ( pubstage , "final" )) and ( limit-to (srctype , "j")) and (limit-to (language , "english" )) and ( limit-to (exactkeyword , "indonesia" ) or limit-to ( exactkeyword , "health policy")). research data analysts use vos viewer software to code data automatically to visualize trends and map health policies in Indonesia. Vosviewer software data analysis is important for accurately coding big data [28]. The stages can be seen in Figure 1 below. Figure 1 presents the criteria and filters we used for data collection and data analysis techniques. In figure 1 the author present the criteria and filters used for data collection and data analysis techniques.



**Figure 1. The PRISMA Flow Diagram is Used to Identify, Screen and Include Papers for our Bibliometric Review**

Figure 1 shows the literature selection process detailed in a modified PRISMA chart, which illustrates the steps to search, select and collect documents for analysis. In the initial stage, 403 documents were identified. These documents were then filtered by Social Science and nursing subject areas, resulting in 320. Further filtering was done by narrowing down keywords related to health policy and Indonesia, resulting in 85 documents. Finally, the publication timeframe was limited to January 1, 2015, to December 31, 2024, which reduced the dataset to 67 documents. This selection process was designed to ensure that only high-quality and relevant literature was included,

adhering to PRISMA guidelines to ensure transparency and replicability, thus increasing the credibility and reliability of the literature review.

RESULT

General Information and Annual Publication Output

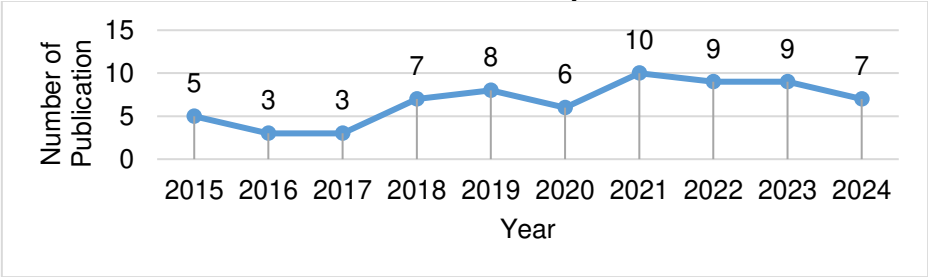


Figure 2. Global Trends in Publications on Health Policy (2015-2024)

Figure 2 illustrates the number of Health Policy publications from 2015 to 2024. Overall, the trend shows a steady increase over the past decade, highlighting the growing relevance of Health Policy studies. The year 2021 marks the highest publication peak, reflecting substantial scholarly interest in policy innovation, health technology, health system reforms, health service financing, and health care reform policies[29], [30], [31]. Although the early years show fluctuations, publication output began to rise significantly in 2018 and continued upward until 2021, likely influenced by the global demand for policy responses during the COVID-19 pandemic. After this peak, publications declined moderately in 2022 and 2023, followed by a further decrease in 2024. This pattern suggests that research interest remains stable even as the pandemic’s impact wanes. Overall, the trend demonstrates that Health Policy remains a significant and evolving area of research, particularly during periods of global health challenges.

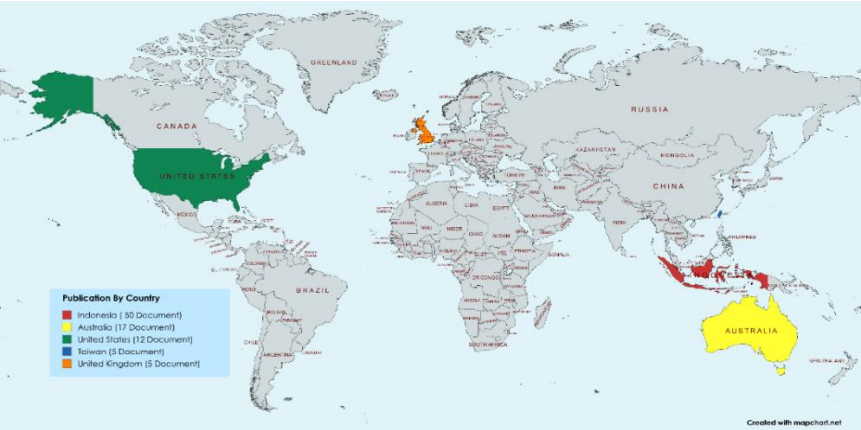


Figure 3. Countries Contributing the Most to Health Policy from 2015 to 2024

Figure 3 illustrates the contributions of countries to scientific publications on Health Policy from 2015 to 2024. The data show that Indonesia is the most influential contributor, with 50 documents, placing it in the top position. This reflects strong research attention toward stunting prevention policies, health information technology, and health management systems. These themes highlight Indonesia’s urgent need to address complex public health challenges. Stunting remains a major concern due to its long-term implications for human resource quality, making effective prevention policies essential for breaking the cycle of malnutrition and improving cognitive outcomes in future generations. The prominent role of health information technology also emerges as a key focus. Its integration into health policy enhances service efficiency, accelerates health information dissemination, and strengthens data-driven decision-making. As digital

transformation advances, information technology becomes increasingly crucial in ensuring accessible and high-quality health services while fostering innovation and multisector collaboration to tackle national health issues.

Health management systems also receive significant attention, emphasizing the need for efficient resource allocation and strong implementation, monitoring, and evaluation mechanisms. Effective system management helps reduce service gaps and improves access to quality healthcare across population groups. Overall, the publication patterns indicate that Indonesia’s health policies must be holistic and inclusive—addressing local needs while remaining aligned with global developments. Such policies can reduce disparities, support technological innovation, and ensure optimal resource utilization. The visualization further highlights the most frequently cited articles, demonstrating their influence in shaping health policy discourse. Research on issues such as stunting, health technology, and system management contributes not only to national policy development but also to broader advancements in health sciences.

Table 1. Most Cited Article

No	Document title	Authors/Year	Source	Cited by	H-Index
1	Beyond the crisis: Building back better mental health care in 10 emergency-affected areas using a longer-term perspective	[32]	International Journal of Mental Health Systems	52	Q1
2	Rabies response, One Health and more-than-human considerations in indigenous communities in northern Australia	[33]	Social Science and Medicine	33	Q1
3	A deskilling and challenging journey: the lived experience of Indonesian nurse returnees	[34]	International Nursing Review	32	Q1
4	IJEPA: Gray Area for Health Policy and International Nurse Migration	[35]	Nursing Ethics	31	Q1
5	The feasibility of a role for community health workers in integrated mental health care for perinatal depression: A qualitative study from Surabaya, Indonesia	[36]	International Journal of Mental Health Systems	30	Q1

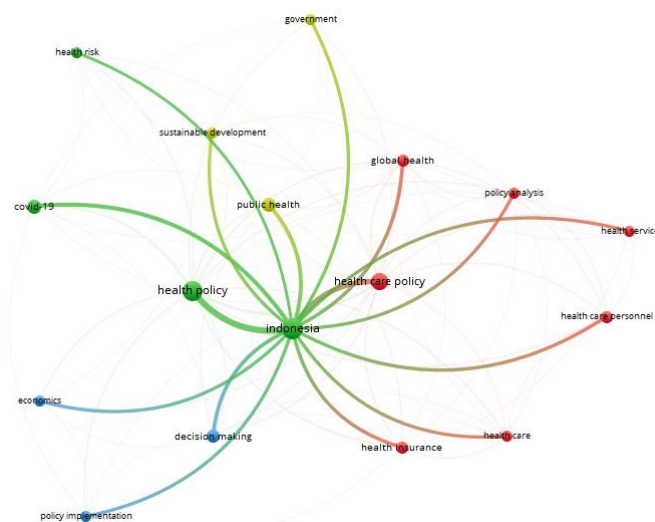
Table 1 shows that the primary reference in the Health Policy review is the study by [32], which explains how emergencies can accelerate mental health reform in low- and middle-income countries. The study highlights ten cases where community-based mental health services were developed through government support and workforce training, demonstrating the potential of crises to catalyze sustainable system improvements.

The second most cited article[33], emphasises that rabies response in Indigenous communities in Northern Australia requires a holistic One Health approach. The study shows that conventional biomedical strategies often overlook cultural values and the “more-than-human” perspective. Effective policy implementation therefore, requires interdisciplinary collaboration involving veterinarians, public health experts, and Indigenous community leaders.

Research networks, trends and density

The network analysis of Health Policy publications in Indonesia (2015–2024) identifies core keywords such as health policy, health care policy, public health, decision making, health insurance, and global health. These terms reflect key areas of research concern. The density map also highlights topics with high publication intensity, showing strong academic interest in integrated and comprehensive health policy development. Overall,

the findings underscore the need for holistic policymaking to improve service quality and strengthen cross-sector coordination.



**Figure 4. Network Mapping by Keyword**

Figure 4 presents a complex network diagram illustrating the interrelationships among key Health Policy concepts in Indonesia [37],[38]. The visualization consists of nodes of varying sizes connected by lines that represent the strength and type of relationships between concepts [39]. Node size reflects the importance or frequency of keywords in the analyzed literature. Dominant nodes such as *health policy*, *health care policy*, *public health*, *health service*, *policy analysis*, *global health*, *government*, *sustainable development*, *health risk*, *COVID-19*, *decision making*, *policy implementation*, *health insurance*, *health care*, and *health care personnel* represent the core thematic areas shaping health policy research in Indonesia.

The linkages among these keywords show that health policy is closely connected to broader issues such as sustainable development, health risks, equitable access, and governmental regulation. The COVID-19 pandemic further highlighted the need for rapid decision-making and effective policy implementation. Overall, the diagram demonstrates that health policy development in Indonesia requires an integrated and interdisciplinary approach to strengthen the national health system.

The research trend from 2015–2024 shows shifting thematic emphases. In 2019–2020, studies predominantly explored health care policy, decision making, economics, health care personnel, health services, policy analysis, global health, and health risks. By 2019, the focus expanded to Indonesia, health policy, health care, health insurance, and policy implementation. In the 2022–2024 period, research increasingly centered on public health, government, sustainable development, and COVID-19, reflecting evolving national and global health priorities.

Figure 5 illustrates the density of research topics on nurse resilience based on keyword distribution. In VOSviewer, density visualization helps identify which topics have been widely explored and which remain under-researched. Keywords highlighted in bright yellow represent areas frequently discussed in the literature, whereas less intense yellow indicates topics with limited exploration and therefore potential novelty for future studies. Figure 5 shows that Indonesia, health policy, health care policy, public health, and COVID-19 form densely concentrated clusters, meaning these concepts are often interconnected and widely discussed. In contrast, terms such as policy analysis, health service, health care personnel, health care, health insurance, decision making, policy implementation, economics, health risk, sustainable development, government, and global health appear on the periphery of the map, suggesting weaker linkages and lower

research intensity. These peripheral keywords represent potential areas for further investigation. The findings indicate that expanding research on low-density keywords may generate new insights into how nurse resilience intersects with broader aspects of nursing practice and health management. In the context of health policy, these gaps highlight opportunities to develop more inclusive and responsive policies, such as integrating workforce resilience into national health preparedness, strengthening government support for health worker well-being, and promoting evidence-based decision making that recognizes nurses as frontline contributors to health system performance. These insights carry both theoretical value and practical implications for future policy formulation and evaluation.

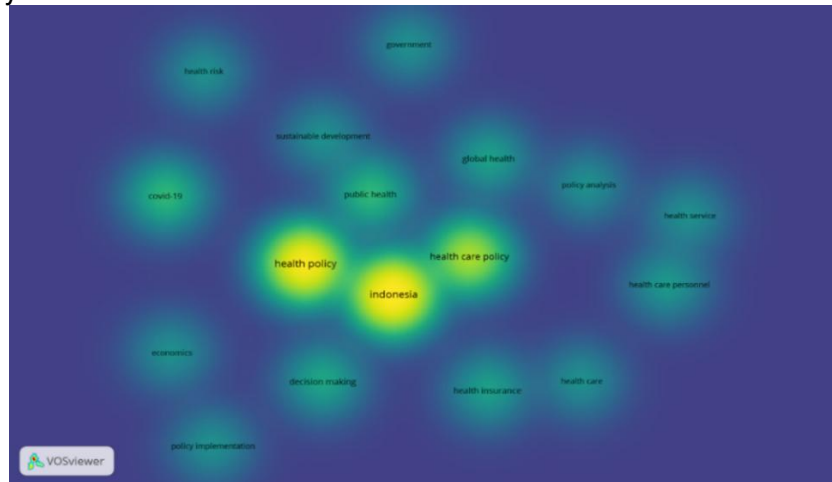


Figure 5. Visualization of Health Policy overlay from 2015 to 2024

## DISCUSSION

Recent years have seen growing scholarly attention on health policy, as it plays a crucial role in addressing societal health challenges [40]. Current research examines health policy through the lenses of policy innovation, health technology, health systems, service funding, and health sector reform. As highlighted by [29], policy innovation is essential for enhancing policy effectiveness, particularly in response to global shifts and social change. Such innovations include the adoption of new regulatory approaches, governance models, and evidence-based implementation mechanisms to improve service access and quality.

Another key factor is the integration of health technology. Study [30], shows that technologies such as telemedicine, electronic medical records, and artificial intelligence (AI) have accelerated diagnosis and improved service efficiency. However, their successful implementation requires adaptive policies to ensure proper integration into national health systems. In addition, the sustainability of health systems depends heavily on effective and inclusive funding models. Research indicates persistent challenges such as unequal resource distribution and reliance on government budgets, which are often constrained. Therefore, policies that promote sustainable financing—such as national health insurance schemes or mixed funding models—are critical to ensuring equitable access to health services.

Despite persistent challenges in health system performance and financing, healthcare policy reform remains crucial to achieving more efficient and equitable services. These reforms include strengthening funding mechanisms, improving access, ensuring fair distribution of health personnel, and enhancing coordination among health facilities. Research from [31] emphasizes the need to update service delivery models to increase efficiency, service quality, and system effectiveness, particularly through stronger primary care, empowered health workers, and improved referral mechanisms. These

reforms have become increasingly urgent amid global health challenges, including pandemics and rising non-communicable diseases. Overall, the findings indicate that policy innovation, health technology, health system governance, service financing, and healthcare reform are key drivers in improving system responsiveness and service quality. Integrating these components supports the development of holistic, sustainable health policies capable of adapting to rapid global changes.

Meanwhile, in 2022 health policy will be studied in terms of the economic impact of COVID-19 prevention policies [41], National Health Insurance [42] from these findings illustrate that health policy does not only focus on medical aspects, but also has a broad impact on economic stability and social welfare [43]. Additionally, health policies must be designed comprehensively, taking into account the economic, social and sustainability impacts on the health system to ensure long-term effectiveness and prosperity [43]. This condition is also important to encourage state involvement in exercising power in global health policy [44], Patient Satisfaction Index [45]. Therefore, the state's role in health policy is not only limited to managing the national health system, but also includes involvement in global health dynamics [46]. On the other hand, factors such as accessibility, effectiveness of treatment, health facilities, and interaction between patients and medical personnel are key elements in increasing the level of public satisfaction with health services [47].

On the other hand, health policy in Indonesia is not only oriented towards providing health services, but must also reflect the complexity of the system which is influenced by structural, economic, social and political factors [48]. The government's role in formulating adaptive regulations, funding effectiveness, and the use of technology are key elements in the transformation of health services [49]. Apart from that, health policy also contributes to reducing access gaps, ensuring an equitable distribution of health workers, and can improve the quality of sustainable services [50]. However, on the other hand, global dynamics also influence health policy in Indonesia, especially through international standards and responses to global challenges such as pandemics and climate change [51]. The sustainability of health policies also depends on the effectiveness of implementation and evidence-based decision making (*evidence-based policy making*) [52]. Without careful planning and a strong monitoring system, designed policies can face various obstacles in their implementation. Therefore, this research is important to explain that health policies in Indonesia must be designed holistically to show trends, taking into account various interrelated factors. Improving the quality of policies does not only lie in better regulations, but also in implementation, monitoring and continuous evaluation so that the national health system is able to face future challenges and improve the welfare of society as a whole [53].

This research offers several key advantages over previous studies. First, it adopts a holistic and multidimensional approach by integrating policy innovation, health technology, health systems and financing, and policy reform. Unlike earlier studies that focused on a single aspect, this research provides a more comprehensive view of health policy effectiveness. It also highlights the interconnections among policy dimensions—such as how innovation, technology adoption, and service financing influence one another—an analytical perspective rarely emphasized in prior work. Additionally, the study presents a strong contextual analysis by examining Indonesian health policy within global dynamics, including the impacts of the COVID-19 pandemic, climate change, and international standards. The findings are supported by real trends and evidence-based policymaking, particularly related to COVID-19 responses and the National Health Insurance (JKN) system. Another notable strength is the emphasis on Indonesia's role in global health policy, recognizing the country's increasing involvement in addressing global health challenges, which is essential for shaping future national policy directions.

The findings of this research have significant implications for health policy in Indonesia and globally. First, a holistic approach that integrates structural, economic, social, and political aspects is essential to ensure adaptability to global dynamics. Health policy must extend beyond medical services to include sustainable financing, technology adoption, and effective system governance. Strengthening policy implementation and evaluation is also crucial to prevent stagnation, especially considering challenges such as intergovernmental coordination, limited health personnel, and funding constraints. Systematic implementation, monitoring, and evaluation mechanisms are therefore necessary.

Optimizing the health system is equally important to improve public satisfaction. This includes enhancing service accessibility, treatment effectiveness, and the quality of patient-provider interactions. The study also highlights that technology, health financing, and service delivery are central components shaping effective and responsive health policies. Innovations such as telemedicine and electronic medical records will only be impactful if supported by adequate funding and integrated into a system with strong governance. The authors argue that future health policies should adopt a systems-thinking approach, aligning technology investments, equitable financing strategies, and institutional capacity. Such integration increases service efficiency and promotes long-term sustainability and inclusiveness.

Based on these findings, the authors conclude that Indonesia's health policy must move beyond formal regulation and incorporate the dynamic relationships between policy sectors. This includes building adaptive institutions, strengthening data-driven decision-making, and promoting cross-sector collaboration to ensure continuous system responsiveness to societal needs and global challenges. Without integrated and flexible policy formulation, achieving effective health reform will remain difficult. This study has limitations, as it relies solely on Scopus-indexed bibliometric data, potentially excluding local or non-indexed publications. Moreover, it does not assess the methodological quality of the included documents, indicating the need for complementary qualitative or content-based research to deepen interpretation and policy implications.

## CONCLUSION

This study shows a steady increase in Scopus-indexed publications from 2015 to 2024, reflecting growing academic interest in health policy. Indonesia is the largest contributor, with 50 publications addressing issues such as health system reform, financing, technology integration, policy innovation, and global health challenges. Keyword mapping identifies Health Policy, Health Care Policy, Public Health, Decision Making, Health Insurance, and Global Health as the most dominant themes. Meanwhile, less-explored keywords such as health care personnel, health service, policy analysis, government, sustainable development, and health risk offer opportunities for future research.

Overall, the findings highlight the need for holistic health policy development supported by strong regulation, effective implementation, continuous monitoring, and evaluation. Future research should assess the effectiveness of evidence-based policymaking in diverse regional contexts to strengthen national health programs. Policymakers are also encouraged to enhance collaboration with academic institutions and invest in data infrastructure and cross-sector systems to support more responsive, inclusive, and data-driven health policies.

## REFERENCES

- [1] Benyamin Dicson Tungga, "Peranan Dan Tanggung Jawab Pemerintah Dalam Pelayanan Kesehatan Pasca Disahkannya Omnibus Law Tentang Kesehatan," *Nusant. Hasana J.*, vol. 3, no. 2, pp. 287–300, Jul. 2023, doi: 10.59003/nhj.v3i2.940.
- [2] Jane Osareme Ogugua, Tolulope O Olorunsogo, Muridzo Muonde, Chinedu Paschal

- Maduka, and Olufunke Omotayo, "Developing countries' health policy: A critical review and pathway to effective healthcare systems," *Int. J. Sci. Res. Arch.*, vol. 11, no. 1, pp. 371–382, Jan. 2024, doi: 10.30574/ijrsra.2024.11.1.0069.
- [3] T. Peresypkina and V. Nesterenko, "The Role Of Public Policy In Ensuring Public Health," *Sci. J. Pol. Univ.*, vol. 59, no. 4, pp. 176–182, Nov. 2023, doi: 10.23856/5923.
- [4] H. AL Shelowi, "Health Policy and Planning in Health Management System," *J. Med. Sci. Clin. Res.*, vol. 11, no. 11, pp. 89–93, Nov. 2023, doi: 10.18535/jmscr/v11i11.12.
- [5] J. Andrade, B. Beishuizen, M. Stein, M. Connolly, and J. Duggan, "Preparing for pandemic response in the context of limited resources," *Syst. Dyn. Rev.*, vol. 40, no. 3, Jul. 2024, doi: 10.1002/sdr.1775.
- [6] N. R. Berdame, "Kebijakan pemerintah dalam pelayanan kesehatan terhadap masyarakat yang kurang mampu menurut Undang-Undang Nomor 17 Tahun 2023 tentang kesehatan," *Lex Priv.*, vol. 13, no. 5, 2024.
- [7] R. Fallah, M. Maleki, A. Aryankhesal, and A. Haghdooost, "National Quality Policy and Strategy of the Health Services in Health Systems of Developing Countries: A Scoping Review," *Int. J. Prev. Med.*, vol. 15, May 2024, doi: 10.4103/ijpvm.ijpvm\_397\_22.
- [8] I. Zubaedah and S. N. Putri, "Efektivitas Program Standar Pelayanan Minimal (SPM) Pelayanan Kesehatan Di Daerah Rawamangun," *J. Stud. Interdisip. Perspekt.*, vol. 24, no. 1, pp. 32–38, 2024.
- [9] I. Irwansyah and I. Ismayanti, "Pengembangan Kebijakan: Mendorong Pemerintah Kota Makassar Dalam Meningkatkan Aksesibilitas Layanan Kesehatan Pencegahan Stunting," *J. Gov. Local Polit.*, vol. 6, no. 2, pp. 162–174, 2024.
- [10] I. G. E. P. S. Sentanu, S. H. Yustiar, and M. P. A. S AP, *Mengelola Kolaborasi Stakeholder Dalam Pelayanan Publik*. PT Indonesia Delapan Kreasi Nusa, 2024.
- [11] F. Beccia, M. G. Cacciuttolo, S. Farina, M. L. Specchia, and G. Damiani, "Emergency preparedness in healthcare systems: the 'policy-effect' of COVID-19," *Eur. J. Public Health*, vol. 34, no. Supplement\_3, Nov. 2024, doi: 10.1093/eurpub/ckae144.300.
- [12] M. R. Fauzi, S. Saimi, and F. Fathoni, "Tantangan dan Solusi Administrasi Kesehatan di Era Digital (Tinjauan Literature Review atas Implementasi Teknologi)," *Al-Mikraj J. Stud. Islam Dan Hum. (E-ISSN 2745-4584)*, vol. 5, no. 01, pp. 1093–1103, 2024.
- [13] F. F. Rahman, "Indonesia's healthcare landscape: embracing innovation in the new health regime," *Curr. Med. Res. Opin.*, vol. 40, no. 6, pp. 929–933, Jun. 2024, doi: 10.1080/03007995.2024.2349732.
- [14] Muhammad Juang Rambe, Muhammad Azhali Siregar, and Danioko S. Sembiring, "Indonesian national health policy: Legal analysis of the elimination of mandatory health spending," *Proceeding Int. Conf. Heal. Living*, vol. 1, no. 1, pp. 305–314, Aug. 2024, doi: 10.24123/incoheliv.V1i1.6569.
- [15] R. Hanani, R. S. Santoso, R. S. Astuti, T. Djumiarti, and B. P. Priyadi, "Policy innovation to enhance access to universal health coverage: A case of Kota Semarang," *E3S Web Conf.*, vol. 605, p. 03055, Jan. 2025, doi: 10.1051/e3sconf/202560503055.
- [16] Irfan Sazali Nasution, Nurhazizah Br Said, Mutiara Salsabila, Ayu Maulidia, Zahwa Sinta Aulia, and Suci ramadhani, "Kebijakan Kesehatan di Indonesia: Tinjauan, Tantangan, dan Rekomendasi," *Vitam. J. ilmu Kesehat. Umum*, vol. 2, no. 3, pp. 195–206, Jul. 2024, doi: 10.61132/vitamin.v2i3.509.
- [17] I. S. Nasution *et al.*, "The Influence of Political Dynamics on Health Policy in Indonesia," *Promotor*, vol. 7, no. 6, pp. 850–854, Dec. 2024, doi: 10.32832/pro.v7i6.901.
- [18] B. Setiyono, "Perlunya Revitalisasi Kebijakan Jaminan Kesehatan Di Indonesia," *Polit. J. Ilmu Polit.*, vol. 9, no. 2, pp. 38–60, 2018.
- [19] K. G. Yusrani, N. Aini, S. A. Maghfiroh, and N. D. Istanti, "Tinjauan Kebijakan Kesehatan Mental di Indonesia: Menuju Pencapaian Sustainable Development Goals dan Universal Health Coverage," *J. Med. Nusantara*, vol. 1, no. 2, pp. 89–107, 2023.
- [20] E. Purwaningsih, "Analisis kebijakan kesehatan berdasarkan analisis kelompok risiko

- terhadap persebaran kasus COVID-19 di indonesia tahun 2020,” *J. Kebijak. Kesehat. Indones. JKKI*, vol. 10, no. 2, pp. 86–93, 2021.
- [21] M. Y. Alkayyis, “Implementation of the National Health Insurance Programme in Achieving Universal Health Coverage in Indonesia,” *J. Jaminan Kesehat. Nas.*, vol. 4, no. 2, pp. 85–95, Dec. 2024, doi: 10.53756/jjkn.v4i2.197.
  - [22] Kementrian Kesehatan, *Profil Kesehatan Indonesia*. 2023.
  - [23] T. A. S. Amartha, “Correlation Between Birth Weight and Stunting in Children Under Five a Case-Control Study,” *J. Appl. Heal. Manag. Technol.*, vol. 5, no. 4, pp. 109–114, Oct. 2023, doi: 10.31983/jahmt.v5i4.10611.
  - [24] D. Tamilselvi S, “Sustainability In Health And Health Care Provision,” in *Futuristic Trends in Pharmacy & Nursing Volume 3 Book 18*, Iterative International Publishers, Selfypage Developers Pvt Ltd, 2024, pp. 133–138. doi: 10.58532/V3BIPN18P9CH2.
  - [25] W. Setyaningsih, W. Nuryanti, B. Prayitno, and A. Sarwadi, “Urban Heritage Towards Creative-based Tourism in the Urban Settlement of Kauman - Surakarta,” *Procedia - Soc. Behav. Sci.*, vol. 227, pp. 642–649, 2016, doi: 10.1016/j.sbspro.2016.06.127.
  - [26] H. Xiao and L. Li, “A bibliometric analysis of critical discourse analysis and its implications,” *Discourse Soc.*, 2021, doi: 10.1177/0957926521992150.
  - [27] M. Akram, A. Nasar, and A. Arshad-Ayaz, “A bibliometric analysis of disinformation through social media,” *J. Commun. Media Technol.*, vol. 12, no. 4, 2022, doi: <https://doi.org/10.30935/ojcmnt/12545>.
  - [28] U. A. Bukar, M. S. Sayeed, S. F. A. Razak, S. Yogarayan, O. A. Amodu, and R. A. R. Mahmood, “A method for analyzing text using VOSviewer,” *MethodsX*, vol. 11, no. 1, p. 102339, 2023, doi: <https://doi.org/10.1016/j.mex.2023.102339>.
  - [29] E. Aminullah and E. Erman, “Policy innovation and emergence of innovative health technology: The system dynamics modelling of early COVID-19 handling in Indonesia,” *Technol. Soc.*, vol. 66, 2021, doi: 10.1016/j.techsoc.2021.101682.
  - [30] A. Ahsan, E. Kramer, N. Adani, A. Muhammad, and N. Amalia, “The politics of funding universal healthcare: Diverting local tobacco taxes to subsidise the national health scheme in Indonesia,” *Asia Pacific Policy Stud.*, vol. 8, no. 3, pp. 351–366, 2021, doi: 10.1002/app5.334.
  - [31] S. Noda *et al.*, “Service delivery reforms for asian ageing societies: A cross-country study between japan, south korea, china, thailand, indonesia, and the philippines,” *Int. J. Integr. Care*, vol. 21, no. 2, 2021, doi: 10.5334/ijic.4739.
  - [32] J. A. E. Epping-Jordan *et al.*, “Beyond the crisis: Building back better mental health care in 10 emergency-affected areas using a longer-term perspective,” *Int. J. Ment. Health Syst.*, vol. 9, no. 1, 2015, doi: 10.1186/s13033-015-0007-9.
  - [33] C. Degeling, V. Brookes, T. Lea, and M. Ward, “Rabies response, One Health and more-than-human considerations in indigenous communities in northern Australia,” *Soc. Sci. Med.*, vol. 212, pp. 60–67, 2018, doi: 10.1016/j.socscimed.2018.07.006.
  - [34] A. Kurniati, C.-M. Chen, F. Efendi, and R. Ogawa, “A deskillling and challenging journey: the lived experience of Indonesian nurse returnees,” *Int. Nurs. Rev.*, vol. 64, no. 4, pp. 494–501, 2017, doi: 10.1111/inr.12352.
  - [35] F. Efendi, T. K. Mackey, M.-C. Huang, and C.-M. Chen, “IJEPA: Gray Area for Health Policy and International Nurse Migration,” *Nurs. Ethics*, vol. 24, no. 3, pp. 313–328, 2017, doi: 10.1177/0969733015602052.
  - [36] E. R. Surjaningrum, H. Minas, A. F. Jorm, and R. Kakuma, “The feasibility of a role for community health workers in integrated mental health care for perinatal depression: A qualitative study from Surabaya, Indonesia,” *Int. J. Ment. Health Syst.*, vol. 12, no. 1, 2018, doi: 10.1186/s13033-018-0208-0.
  - [37] J. Arroyave-Cabrera and R. Gonzalez-Pardo, “Communication bibliometric research in Latin American scientific journals (2009-2018),” *Comunicar*, vol. 30, no. 70, pp. 81–91, 2022, doi: 10.3916/C70-2022-07.

- [38] S. Labafi, A. Rezvanian, and K. Kamarei, "Bibliometric mapping of media policy per data from Web of Science (2000-2019)," *Media Manag. Rev.*, vol. 1, no. 1, pp. 1–27, 2022, doi: 10.22059/mmr.2022.87743.
- [39] Y. G. Ji, W. Tao, and H. Rim, "Mapping corporate social responsibility research in communication: A network and bibliometric analysis," *Public Relat. Rev.*, 2020.
- [40] W. Hall *et al.*, "Past, present and future challenges in health care priority setting: findings from an international expert survey," *J. Health Organ. Manag.*, vol. 32, no. 3, pp. 444–462, 2018, doi: <https://doi.org/10.1108/JHOM-01-2018-0005>.
- [41] E. Handoyo, T. Wijayanti, L. Ekaningsih, and M. A. Puspita, "Economy Impact of the COVID-19 Prevention Policy on Business Continuity and Welfare of Street Vendors," *Int. J. Sustain. Dev. Plan.*, vol. 17, no. 6, pp. 1781–1788, 2022, doi: 10.18280/ijstdp.170612.
- [42] A. D. Laksono, R. Rukmini, T. Tumaji, M. Ipa, and R. D. Wulandari, "National Health Insurance Membership among Urban Poor Societies in Indonesia in 2019: Are They Protected?," *Economies*, vol. 10, no. 8, 2022, doi: 10.3390/economies10080196.
- [43] W. G. Weissert and C. S. Weissert, *Governing health: The politics of health policy*. America: Johns Hopkins University Press, 2019. doi: <https://doi.org/10.3390/healthcare13040352>.
- [44] R. Marten, J. Hanefeld, and R. D. Smith, "How states engage in and exercise power in global health: Indonesian and Japanese engagement in the conceptualization of Sustainable Development Goal 3," *Soc. Sci. Med.*, vol. 321, 2023, doi: 10.1016/j.socscimed.2022.115455.
- [45] C. R. S. Prakoeswa, N. Hidayah, A. Dewi, F. Mutiani, and M. Masturina, "Analysis of Patients Satisfaction Index: A Study from One of the Main Referral Hospitals in Indonesia," *Univers. J. Public Heal.*, vol. 11, no. 5, pp. 527–537, 2023, doi: 10.13189/ujph.2023.110501.
- [46] W. Hein, "The New Dynamics of Global Health Governance," in *Global Health Diplomacy*, New York, NY: Springer New York, 2013, pp. 55–72. doi: 10.1007/978-1-4614-5401-4\_5.
- [47] E. Batbaatar, J. Dorjdagva, A. Luvsannyam, M. M. Savino, and P. Amenta, "Determinants of patient satisfaction: a systematic review," *Perspect. Public Health*, vol. 137, no. 2, pp. 89–101, 2017, doi: <https://doi.org/10.1177/1757913916634136>.
- [48] R. Agustina *et al.*, "Universal health coverage in Indonesia: concept, progress, and challenges," *Lancet*, vol. 393, no. 10166, pp. 75–102, 2019.
- [49] E. Barasa, R. Mbau, and L. Gilson, "What is resilience and how can it be nurtured? A systematic review of empirical literature on organizational resilience," *Int. J. Heal. policy Manag.*, vol. 7, no. 6, p. 491, 2018, doi: 10.15171/ijhpm.2018.06.
- [50] N. A. Alaway *et al.*, "Critical Analysis of Healthcare Delivery Models: Addressing Gaps in Accessibility, Quality, and Efficiency," *J. Ecohumanism*, vol. 3, no. 8, pp. 6593–6602, 2024, doi: <https://doi.org/10.62754/joe.v3i8.5319>.
- [51] W. Sulistiadi, R. Wasir, W. Thalib, D. Ayuningtyas, N. Bawazier, and E. Buskens, "Building health systems resilience: understanding the social, economic, and cultural impacts of climate change from stakeholders' perspectives in Indonesia," *Arch. Public Heal.*, vol. 82, no. 1, p. 168, 2024, doi: <https://doi.org/10.1186/s13690-024-01403-4>.
- [52] R. C. Shelton, B. R. Cooper, and S. W. Stirman, "The sustainability of evidence-based interventions and practices in public health and health care," *Annu. Rev. Public Health*, vol. 39, no. 1, pp. 55–76, 2018, doi: <https://doi.org/10.1146/annurev-publhealth040617-014731>.
- [53] N. A. of Sciences, Medicine, M. Division, B. on H. C. Services, B. on G. Health, and C. on I. the Q. of H. C. Globally, *Crossing the global quality chasm: improving health care worldwide*. Washington, DC: National Academies Press, 2018.