



Legal Certainty for Health Workers in the Implementation of Child Immunization Programs Across All Regions of Indonesia

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ABSTRACT

This study aims to develop legal guidelines to ensure legal certainty for health workers, analyze the basis for the designation of health workers as suspects in immunization cases, and examine the application of criminal and civil sanctions under health law. Using a sociological legal approach, this research employs conceptual and legislative analyses by examining relevant laws and Minister of Health regulations concerning health services, immunization, human rights, and criminal and civil liability to assess the implementation of legal certainty in practice. The findings indicate that existing laws and Minister of Health regulations can function as legal guidelines for health workers in implementing child immunization programs; however, inconsistent interpretation and application by law enforcement authorities contribute to legal uncertainty.

INTRODUCTION

The child immunization program implemented in the Republic of Indonesia, through procedures and mechanisms regulated by the Ministry of Health, has excellent goals and objectives. Furthermore, implementation in the field is carried out by health workers who work and focus on the health sector. This child immunization program is crucial for preventing the spread of disease, especially among children who cannot otherwise receive immunization (Kusnu Goesniadhie, 2010; Otto & Bedner, 2012).

The immunization program is carried out as an obligation (familiarily called: duty) of the government in a country for the benefit of its people (known as: people's rights). In its current development, every person is obliged and responsible for health (including immunization), which is marked by the role of the private sector (including the profession of private doctors) in health programs. Therefore, its legal nature is to organize health efforts in the context of general welfare, through the government (system) as a state administrative task, so that the study of immunization programs is included in state administrative law (Leawoods, 2000). In practice and implementation in the field, the immunization program cannot be separated from the element of children, which also involves the awareness and willingness of their parents who are considered adults. Seeing the background of the problems that arise and are studied here, this article tends to present them in a normative legal form, and not specifically on a particular type of law.

Indonesian children are the nation's future generation, and their health should be protected from various diseases, especially diseases that tend to be contagious and can have fatal consequences for their lives. Immunization, initiated by the Indonesian government through the Ministry of Health, will increase the immunity of Indonesian children as the nation's future generations. On November 20, 1989, countries around the world committed to promising equal rights for all children. The decision was adopted by the United Nations (UN) Convention on the Rights of the Child. This children's convention contains all the regulations and rules that must be implemented by the state so that every child can grow and develop as well as possible, have access to health services, receive education, be protected and be treated fairly (Halilah & Arif, 2021).

The Convention on the Rights of the Child is aligned with Law Number 39 of 1999 of the Republic of Indonesia concerning Human Rights (hereinafter referred to as the Human Rights Law). Article 52 paragraph (2) explicitly affirms that children's rights constitute an integral part of human rights. The protection and fulfillment of these rights are legally guaranteed, extending even to children who are still in the womb. Children are entitled to safeguards and assurances that enable them to survive, grow, develop, and participate optimally in accordance with human dignity and worth. They must also be protected from all forms of violence and discrimination. Responsibility for ensuring child protection rests not only with the state and central government but also with regional governments, communities, families, and parents or guardians. The implementation of child protection must be carried out without discrimination based on religion, ethnicity, race, social class, gender, culture, language, legal

status, birth order, or the child's physical and mental condition (Handoyo, 2008). This approach reflects the fundamental purpose of legislation in upholding genuine equality in human life, particularly in guaranteeing children's rights both within the family environment and in society at large.

Health professionals involved in implementing child immunization programs in Indonesia are individuals who have received proper education, training, and certification, and whose professional qualifications are legally accountable. Consequently, there is legal assurance regarding the administration of immunization programs by authorized health personnel. Such legal certainty also functions as a normative framework guiding health workers in carrying out immunization services throughout Indonesia.

In establishing a state governed by law, foundational principles are required to ensure clarity and order within the legal system. One of these principles is the doctrine of legal certainty. The concept of legal certainty was initially developed by legal scholars and refers to the assurance that laws are implemented as written, that individuals can exercise their rights, and that judicial decisions are enforceable. Although closely related to justice, legal certainty is not synonymous with justice itself (Penyusun, 2018). This principle demands that laws be formulated clearly so that individuals can regulate their conduct in accordance with established norms, while simultaneously preventing arbitrary exercise of state authority. In the context of child immunization programs, both health workers and the state—represented by the Ministry of Health—bear legal responsibility in fostering a sound and reliable legal environment in Indonesia.

THEORETICAL REVIEW

Immunization administered to children by health professionals aims to enhance and strengthen children's health and immunity according to a predetermined immunization schedule. Given that infants and young children are particularly vulnerable to infectious diseases, immunization must be provided at an early age, with dosages adjusted to the child's age and medical condition. Immunization involves the administration of vaccines, generally through injection, to stimulate the body's immune response. Beyond providing protection against specific diseases, immunization supports the development of the body's defense mechanisms and the formation of antibodies against various viruses and bacteria. Furthermore, Articles 30, 31, and 32 of the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning the Implementation of Immunization stipulate that (Kesuma, 2024):

1. Article 30

Program Immunization Services are implemented by health workers who have the competence and authority in accordance with statutory provisions.

2. Article 31

The immunization process must take into account:

- a. Safety, quality and efficacy of the vaccine used; and
- b. Safe injection to prevent transmission of disease to health workers who carry out immunization services and the community and to avoid the occurrence of PIAE.

3. Article 32

- (1) Before the Immunization Program service, health workers must provide an explanation about Immunization, including the type of vaccine to be given, the benefits, the consequences of not being immunized, the possibility of PIAE occurring and the efforts that must be made, as well as the next Immunization schedule.
- (2) The explanation as referred to in paragraph (1) may use aids such as mass communication media.
- (3) The arrival of the public at the immunization service location, whether inside or outside the building, after being given an explanation as referred to in paragraph (1) and paragraph (2) constitutes consent to undergo immunization.
- (4) In the Immunization Program service, health workers must screen for contraindications in the Immunization targets.

The definition of PIAE is: (Post-Immunization Adverse Event) the emergence of a body reaction or illness that occurs after receiving a vaccine. Side effects can range from mild to serious symptoms such as anaphylaxis, a life-threatening allergic reaction. It's important to remember that adverse reactions (PIAE) don't always occur in everyone who is vaccinated. Most people tend to experience mild effects rather than inflammatory or allergic reactions (Pombengi, 2025).

According to Anna Kurniati and Ferry Efendi, the definition of a Health Worker is any person who has received education, both formal and non-formal, who dedicates himself to various efforts aimed at preventing, maintaining and improving the health of the community. Hospitals or Community Health Centers (*Puskesmas*) are bodies and/or institutions that house healthcare workers. Hospital or *Puskesmas* administrators are required to operate in accordance with existing laws and regulations in force in Indonesia. The implementation of the mass immunization program can also be carried out in schools or places that have been provided and adapted to the conditions of the place and/or field that are adequate in terms of health, as referred to in Article 25 paragraph (3) of the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning the Implementation of Immunization. Child Immunization Schedule (Kemenkes, 2017):

1. Age 0 - 6 months
 - a. Hepatitis B is given four times, the first dose 24 hours after birth, and then at 2, 3, and 4 months of age. A booster dose is given at 18 months of age. This vaccine is given when the baby weighs >2000mg. If the baby weighs less than 2000mg, the first vaccine is postponed for 1 month or more, unless the baby's mother is proven to have Hepatitis B in the laboratory.
 - b. Polio vaccine is given immediately after birth. If the baby is born in a health facility, give bOPV-0 when the baby goes home or at the first visit. Then, give bOPV or IPV along with DTwP or DtaP. IPV vaccine is given at least twice before the baby is 1 year old along with DTwP or DTaP.
 - c. The BCG vaccine is given once. It is best given immediately after birth or as soon as possible before the baby is 1 month old.
 - d. The DPT vaccine is given three times at ages 2, 3, and 4 months. It is given starting at 6 weeks of age in the form of the DTwP or DtaP vaccine. The first booster is given at 18 months of age. Subsequent boosters are given at ages 5-7 years. If the vaccine is given over 7 years of age or more, the Td or Tdap vaccine is used. The Td booster is given again in 5th grade of elementary school, then repeated every 10 years.
 - e. The DPT-Hib vaccine is given three times at 2, 3, and 4 months of age, with a booster at 18 months of age. This vaccine is given before the age of 1 year.
 - f. The PCV vaccine is given at 2, 4 and 6 months of age with a booster at 12 - 15 months of age.
 - g. Monovalent rotavirus vaccine is given twice, the first dose starting at 6 weeks of age, the second dose with a minimum interval of 4 weeks and must be completed by 24 weeks of age.
 - h. The pentavalent rotavirus vaccine is given 3 times, the first dose 6 - 12 weeks, the second and third doses with an interval of 4 to 10 weeks, must be completed by the age of 32 weeks.
2. Age 6 - 12 months
 - a. The influenza vaccine is given starting at 6 months of age, repeated annually. For children aged 6 months to 8 years, the first immunization is two doses with a minimum interval of 4 weeks, repeated annually at 18 months to 18 years of age.
 - b. MR/MMR vaccine at the age of 9 months is given the MR vaccine, if up to the age of 12 months has not received the MR vaccine, can be given MMR, at the age of 18 months is given MR or MMR. Ages 5 - 7 years are given MR.
 - c. The Japanese encephalitis (JE) vaccine is given starting at 9 months of age in endemic areas, and a booster is also given for long-term protection. A booster can be given 1-2 years later.

3. Age 12 – 24 months
 - a. The Varicella vaccine is given from 12 to 18 months of age. For children 1 to 2 years of age, two doses are given with an interval of 6 weeks to 3 months. For children 13 years of age and older, the interval is 4 to 6 weeks.
 - b. Hepatitis A vaccine is given in 2 doses starting at 1 year of age, the 2nd dose is given 6 to 12 months later.
4. Age 2 – 18 tahun
 - a. The polysaccharide typhoid vaccine is given starting at 2 years of age and repeated every 3 years.
 - b. The human papillomavirus (HPV) vaccine is given to girls aged 9-14 years, twice with an interval of 6-15 months. For girls aged 15 years and over, it is given three doses with a schedule of 0, 1, and 6 months (bivalent vaccine) or 0, 2, and 6 months (quadrivalent vaccine).
 - c. The dengue vaccine is given to children aged 9-15 years who are seropositive for dengue, as proven by a history of having been treated with a dengue diagnosis from laboratory tests.

Various legal incidents in Indonesia that were caused by the implementation of the child immunization program actually need to be looked at more deeply with a comprehensive "cause and effect" analysis, where the aspect of legal certainty regarding existing laws and regulations is taken into account.

According to Bachsan Mustofa, legal certainty has three meanings: *First*, certainty regarding legal regulations governing certain abstract government issues. *Second*, certainty regarding the legal status of the subject and object of law in the implementation of State Administrative Law Regulations. *Third*, preventing the possibility of arbitrary action (*Eingenrechting*) from any party, including government action. Because there are several terminologies regarding Health Workers that differ from regulations at the same level of law, such as the health law, the hospital law, the medical practice law, the health worker law, and the nursing law, this will give rise to different interpretations according to the interpretation of arbitrariness from different perspectives, and its implementation will be inconsistent (Adriaman, 2024; Prayogo et al., 2016).

If this is connected with several incidents of problems that arise as a result of the implementation of the child immunization program by health workers throughout Indonesia, both in cities and remote villages, both in medical rooms or in several places such as schools, for mass immunization, then a study of the 3 (three) meanings of legal certainty regarding existing legislation and those that will be amended, must be conducted in more depth by the drafters and publishers of the legislation.

This study aims to formulate legal guidelines that can ensure legal certainty for health workers in the implementation of child immunization programs. In addition, this research seeks to analyze the reasons why health workers may be designated as suspects when carrying out child immunization programs. Furthermore, the study examines how the application of criminal law sanctions, as regulated in health legislation and related to the implementation of child immunization programs by health workers, can provide legal certainty.

METHODOLOGY

Research methods are steps in obtaining complete data that can be scientifically accounted for, so that the desired objectives of the research can be achieved. Writing scientific research papers requires concrete data that has truth value using various methods. Legal research is a scientific activity based on certain methods, systematics and thinking which aims to study and analyze certain legal phenomena (Ali, 2021). The writing method used by the author is as follows:

Type of Research

Sociological research is research which means it is a study to see the reality or social reality that grows and develops in a society, while the legal perspective is to find out whether the law is implemented. The meaning of research is to uncover the problems behind law enforcement (Aprianto & Zuchri, 2021; Kurniati & Efendi, 2012).

Research Approach

a. Conceptual Approach

The conceptual definition is 5 (five) important points according to experts (Sumiarsih & Nurlinawati, 2019):

1. Limitations and essential characteristics.
2. Explanation of meaning and understanding.
3. The basis for understanding the concept.
4. Analysis and understanding tools.
5. Various points of view and perspectives.

b. Legislative Approach

1. Law Number 1 of 2023 concerning the Criminal Code.
2. Civil Code.
3. Law of the Republic of Indonesia Number 39 of 1999 concerning Human Rights.
4. Law of the Republic of Indonesia Number 17 of 2023 concerning Health.

5. Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning the Implementation of Immunization.
6. Regulation of the Minister of Health of the Republic of Indonesia Number 80 of 2016 concerning the Implementation of the Work of Assistant Health Workers.

RESEARCH RESULTS

Several studies have been conducted on factors that inhibit the implementation of immunization, such as by (Burns & Zimmerman, 2005) and Ay et al (2006):

- a. Knowledge about immunization, conditions related to immunization misconceptions.
- b. Limited access to immunization services.
- c. Conditions related to status, family, or culture.
- d. Economic limitations.
- e. Conditions related to the behavior of health workers also influence immunization implementation.

Specifically, regarding "Conditions related to the behavior of health workers also influence immunization implementation," this paper requires a more in-depth study. This paper analyzes the existence of "legal certainty" for health workers in implementing the Child Immunization program.

Chapter V (five) Guidance and Supervision, Article 20 of the Regulation of the Minister of Health of the Republic of Indonesia Number 80 of 2016 concerning the Implementation of the Work of Health Worker Assistants, which was stipulated in Jakarta on December 29 2016, and promulgated on January 17 2017, states as follows (Salim, 2020; Yunilia, 2021):

- (1) The Minister, governor and regent/mayor shall provide guidance and supervision regarding the implementation of the work of Health Worker Assistants.
- (2) In order to carry out guidance and supervision as referred to in paragraph (1).
Minister, governor and regent/mayor may involve associations of each type of Health Worker Assistant.
- (3) Guidance and supervision as referred to in paragraph (1) and paragraph (2) are directed at maintaining the quality of health services provided by Health Worker Assistants.

Article 19 of the Republic of Indonesia Law Number 17 of 2023 concerning Health, states (Fenwick & Wrbka, 2016):

- (1) The Central Government and Regional Governments are responsible for implementing individual health efforts and public health efforts.
- (2) In carrying out the responsibilities as referred to in paragraph (1), the Central Government shall:
 - a. National strategic planning.
 - b. National policy determination.
 - c. National program coordination.
 - d. Management of the Health Service referral system.

- e. Establishment of Health Service standards.
- f. Organizing registration and accreditation of Health Service Facilities.
- g. Health research and development.
- h. Management and distribution of Health Resources.
- i. Issuance of business permits for Health Service Facilities in accordance with statutory provisions.

In carrying out the responsibilities referred to in paragraph (1), the Regional Government shall:

- a. Establish regional policies guided by national policies.
- b. Plan, manage, monitor, supervise, and evaluate programs.
- c. Manage the regional-level Health Service referral system.
- d. Conduct health research and development.
- e. Manage and distribute Health Resources.
- f. Issue business permits for Health Service Facilities in accordance with statutory provisions.

Regulation of the Minister of Health of the Republic of Indonesia Number 80 of 2016 concerning the Implementation of the Work of Assistant Health Workers and Law of the Republic of Indonesia Number 17 of 2023 concerning Health, in its application specifically to Health Workers, still does not show any element of legal certainty.

Legal knowledge and understanding as well as legal awareness among the Indonesian public regarding the child immunization program can still be said to be low. Legal sanctions for parents who refuse to have their children immunized, and for Community Health Centers (*Puskesmas*) that fail to implement immunization programs, often create new legal challenges. This is not clearly stated in legal outreach by local governments to the public and workers (especially those in *Puskesmas*) regarding the legal implications for them.

The legal position in society and the health worker community regarding the implementation of the child immunization program is very important, this interest is intended to improve high health levels, one of which is through preventive measures. Health workers in Indonesia need legal protection and certainty in implementing the child immunization program, particularly regarding their humanitarian work and community service. If any legal issues are deemed to be in violation, the government is obligated to intervene to analyze and consider the causal factors. Only then can a normative and educational conclusion be reached, along with legal sanctions, be imposed if the violation is proven.

The main regulations in the existing regulations in Indonesia are often known as the Criminal Code and the Civil Code, as well as other laws issued by the Indonesian government as the regulator. Law Number 1 of 2023 concerning the Criminal Code (KUHP) Article 54, Article 55 and Article 56, emphasizes the perpetrators of criminal acts and accomplices in criminal acts, namely (Purwadianto, 2016):

Article 54

- (1) In sentencing, the following must be taken into consideration:
 - a. The form of the perpetrator's guilt.
 - b. The motive and purpose of committing the crime.
 - c. The perpetrator's mental state;
 - d. Whether the crime was committed with or without planning.
 - e. The method of committing the crime.
 - f. The perpetrator's attitude and actions after committing the crime.
 - g. The perpetrator's life history, social circumstances, and economic situation.
 - h. The impact of the crime on the perpetrator's future.
 - i. The impact of the crime on the victim or the victim's family.
 - j. Forgiveness from the victim and/or the victim's family; and/or.
 - k. The values of law and justice that exist in society.
- (2) The lightness of the act, the personal circumstances of the perpetrator, or the circumstances at the time the crime was committed and what happened subsequently can be used as a basis for consideration not to impose a criminal penalty or not to take action by taking into account aspects of justice and humanity.

Article 55

Any person who commits a crime is not exempt from criminal responsibility based on the grounds of the elimination of criminal liability if the person has intentionally caused the occurrence of something that can be a reason.

Article 56

- In criminalizing corporations, the following must be considered:
- a. The extent of the loss or impact caused.
 - b. The level of involvement of management holding functional positions within the Corporation and/or the role of issuing control orders, and/or the beneficial owners of the Corporation.
 - c. The duration of the Criminal Act by the Corporation.
 - d. The frequency of the Criminal Act by the Corporation.
 - e. The form of the Criminal Act.
 - f. The involvement of officials.
 - g. The values of law and justice that exist in society.
 - h. The Corporation's track record in conducting business or activities.
 - i. The impact of criminal sanctions on the Corporation; and/or.
 - j. The Corporation's cooperation in handling the Criminal Act.

DISCUSSION

Good regulations in a law are stated in legal norms that are clear, complete and firm so that there are no multiple interpretations. This is in accordance with the principles of forming good Legislative Regulations, including clarity of formulation, meaning that every Legislative Regulation, Systematic and Choice of Words or Terms, as well as the Legal Language are clear and easy to understand, so that they do not give rise to various kinds of interpretations in their implementation.

Article 1365 of the Civil Code states: "Every act that violates the law and causes loss to another person, requires the person who caused the loss through his fault to compensate for the loss." Article 1366: "Every person is responsible, not only for losses caused by actions, but also for losses caused by negligence or carelessness".

Access to services in the implementation of child immunization programs in Indonesia (especially in remote areas), apart from findings from the local context of policy makers and providers of education regarding child immunization programs, compared to the problems that often occur to health workers, it is reasonable to suspect that there is "absence" of ability and seriousness in implementing regulations and/or policies for child immunization programs carried out by health workers. There are four basic things that are closely related to the meaning of legal certainty itself, namely as follows:

- 1) Law is a positive thing, which means that positive law is legislation.
- 2) The law is based on a fact, meaning that the law is made based on reality.
- 3) The facts contained or included in the law must be formulated in a clear manner, so that errors in meaning or interpretation will be avoided and can be easily implemented.
- 4) Positive laws must not be easily changed:

Changes in policies and/or regulations regarding the national immunization program which is entrusted and implemented by health workers, then need to be analyzed by the government as the regulator, especially the relevance of the findings to the local context of phenomena that occur based on the time and place of occurrence as well.

Legal certainty is not a theory that is read and recorded by the government as a regulator, but there needs to be a set of strong intentions and hopes for public health (especially for children) and the comfort of health workers who carry out child immunization programs. Jan M. Otto believes that legal certainty requires several things as follows:

- 1) Legal certainty provides legal rules that are clear and clear, consistent and easy to obtain or access. These legal rules must be issued by state authorities and have three characteristics, namely clear, consistent and easy to obtain.
- 2) Several ruling or government agencies can apply the rule of law in a consistent manner and can submit to it or obey it.
- 3) The majority of citizens in a country have the principle of agreeing to the contents of the contents. Therefore, citizens' behavior will adapt to the regulations issued by the government.
- 4) Judicial judges have an independent nature, meaning that judges do not take sides in applying legal rules consistently when the judge can complete the law.
- 5) Decisions from the judiciary can be concretely implemented.

Legal certainty that must be achieved in the annual targets by the Indonesian government in implementing child immunization programs carried out by health workers, in the future it is necessary to take several approaches to the community (especially rural communities), based on previous findings.

Kesgin & Topuzoğlu (2006) stated that legal certainty is a guarantee that the law can run properly, meaning that with legal certainty the individual who has rights is the one who has received a decision from the legal decision itself. There are 3 (three) principles (*Adagium*) in the Sequence of Legislative Regulations known as the Preference Principle, namely:

1. The principle of *Lex Superior Derogat Legi Inferiori*
Legislation at a lower level must not conflict with legislation at a higher level that regulates the same normative material. If a conflict occurs, the higher level legislation will override the lower level legislation, and because there is a hierarchy in legislation, the principle of *Lex Superior Derogat Legi Inferiori* applies.
2. The principle of *Lex Posteriori Legi Priori*
Conflicts can occur between old legal regulations and newer legal regulations, which regulate the same normative material. If newer legislation is promulgated without repealing the old legislation which regulates the same normative material, while both conflict with each other, then the new legislation overrides the old legislation, this applies the principle of *Lex Posteriori Legi Priori*.
3. Principle of *Lex Specialis Derogate Legi Generali*
Conflicts can occur between general legislation and specific legislation, even though both regulate the same normative material. If this happens, specific laws and regulations will override general laws, and the principle of *Lex Specialis Derogate Legi Generali* will apply.

These three principles must be comprehensively understood and internalized by the government in its role as a policymaker in regulating child immunization programs in Indonesia. The government bears the obligation to formulate and implement policies and programs aimed at promoting public welfare, particularly through the Basic Immunization Program. Nevertheless, in practice, existing immunization policies have not fully satisfied societal expectations. The effectiveness of the immunization program can be assessed through several indicators, including the consistency of policies, the coverage of program targets, and the involvement of both health service providers and the government as regulator. Consequently, governments, especially at the regional level, are required to possess the capacity to identify prevailing problems, determine priority issues in accordance with regional needs and resources, and explore potential funding sources to address these challenges. In this context, immunization represents a strategic priority that can be adopted across regions, given its proven effectiveness and universal relevance (Zimmerman et al., 2005).

Furthermore, a number of Minister of Health regulations remain grounded in newer legal frameworks. A more prudent approach would involve conducting prior analyses based on evaluations of previous laws and regulations, followed by a comparison with empirical phenomena in the implementation of child immunization programs by health workers. Such evaluations can serve as validated legal materials and valuable input for the formulation and refinement of updated legal instruments, whether in the form of Health Laws, regulations governing health workers, or other Minister of Health regulations.

CONCLUSIONS AND RECOMENDATIONS

This study concludes that laws and various Minister of Health Regulations can serve as legal guidelines to ensure legal certainty for health workers in the implementation of child immunization programs. The designation of health workers as suspects must be based on the principle of causality and supported by valid evidence, which in practice is generally linked to negligence on the part of the health workers concerned. Furthermore, the imposition of sanctions, both criminal and civil, on health workers who are negligent in carrying out child immunization programs has been aligned with existing and applicable laws and regulations.

In addition, legal analysis involving academics or higher education institutions with expertise in criminal and civil law should be supported by local and regional governments as part of the monitoring and evaluation of policies related to child immunization programs implemented by health workers. Finally, criminal and civil liability arising from sanctions imposed on health workers in the implementation of child immunization programs should be examined more comprehensively, considering that the principle underlying the imposition of sanctions in this context is humanitarian in nature, thereby necessitating efforts to minimize the application of such sanctions.

ADVANCED RESEARCH

It is recommended that the supervisory and control functions over the implementation of existing laws and regulations be strengthened through periodic oversight conducted by relevant agencies at both the central and regional government levels.

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