

INTISARI

Penelitian ini menganalisis pengaruh norma internasional mengenai integrasi obat bahan alam dalam sistem pelayanan kesehatan primer terhadap dinamika kebijakan kesehatan di Indonesia seiring terbentuknya norma oleh WHO melalui Deklarasi Alma-Ata dan keberadaan praktik jamu yang telah mengakar secara sosial-budaya di Indonesia. Dengan pendekatan kualitatif studi kasus serta kerangka *Norm Life Cycle* dan *Domestic Salience*, penelitian ini menelaah proses pembentukan, penerimaan, dan pelebagaan norma melalui dinamika wacana politik yang membentuk arah kebijakan di sektor kesehatan. Hasil penelitian menunjukkan bahwa adopsi norma berlangsung bertahap menyesuaikan dengan diskursus politik rezim yang membentuk arah kebijakan negara serta belum mencapai internalisasi penuh. Dalam kerangka *Norm Life Cycle* (Finnemore & Sikkink, 1998), norma bergerak dari fase *emergence* menuju pelebagaan parsial di tingkat domestik, sementara peningkatan penerimaan dipengaruhi oleh menguatnya *domestic salience* (Cortell & Davis, 2000) yang ditopang oleh *cultural match* dengan praktik jamu serta kesesuaiannya dengan kepentingan domestik khususnya melalui agenda kemandirian farmasi, penguatan layanan kesehatan primer, dan hilirisasi. Namun, keterbatasan pendanaan publik, disharmoni regulasi lintas sektor, kapasitas industri yang belum merata, dan dominasi paradigma biomedis menghambat perubahan kelembagaan dan praktik klinis, sehingga Indonesia masih berada pada fase *partial internalization*. Temuan ini menegaskan bahwa *Global South* memiliki kapasitas untuk menegosiasikan dan mengadopsi norma kesehatan global yang lebih relevan dengan budaya lokal melalui pelebagaan domestik yang inklusif, adaptif, dan berdaya saing.

Kata kunci: dinamika kebijakan, WHO, obat bahan alam, *norm life cycle*, *domestic salience*, kesehatan, daya saing

ABSTRACT

This study analyzes the influence of international norms concerning the integration of natural medicines into primary health care systems on the dynamics of health policy in Indonesia, in the context of the norm's formulation by the World Health Organization through the Alma-Ata Declaration and the long-standing socio-cultural embeddedness of *jamu* in Indonesian society. Using a qualitative case study approach and drawing on the Norm Life Cycle and Domestic Salience frameworks, the study examines the processes through which the norm is constructed, received, and institutionalized through political discourse that shapes health policy directions. The findings indicate that norm adoption has occurred gradually in accordance with regime-specific political discourses and has not yet reached full internalization. Within the Norm Life Cycle framework (Finnemore & Sikkink, 1998), the norm has moved from the emergence phase toward partial institutionalization at the domestic level, while increasing acceptance has been driven by rising domestic salience (Cortell & Davis, 2000). This process has been supported by cultural alignment with *jamu* practices and their congruence with domestic priorities, particularly agendas related to pharmaceutical self-reliance, the strengthening of primary health care, and industrial downstreaming. However, limitations in public financing, cross-sectoral regulatory fragmentation, uneven industrial capacity, and the continued dominance of the biomedical paradigm have constrained institutional change and routine clinical practice. As a result, Indonesia remains in a phase of partial internalization. These findings highlight that Global South countries, even as norm followers, possess the capacity to negotiate and adopt global health norms in ways that are more culturally grounded through inclusive, adaptive, and competitive forms of domestic institutionalization.

Keywords: policy dynamics, World Health Organization, herbal medicine, norm life cycle, domestic salience, health, competitiveness