

Understanding the COVID-19 Pandemic Response in Indonesia through its Domestic Policies



Introduction

As of May 2021 Indonesia is one of the countries with the highest number of novel Coronavirus Disease 2019 (COVID-19) cases with and the lowest testing rate in Southeast Asia.^{1,2} During the past year, while many countries have experienced a slowdown of the virus infection, Indonesia has experienced a constant increase in both new daily cases and deaths. In the absence of strict containment measures, Indonesia's COVID-19 deaths surged to become the highest in Southeast Asia.³

In early May 2021, official sources recorded at least 47.150 deaths due to COVID-19 between March 2020 to May 2021, meanwhile, independent data found at least a total of 118.796 deaths⁴ that are directly due to COVID-19. This indicates that COVID-19 related deaths are likely underreported in many locations, particularly in settings where COVID-19 testing is in low supply. This is only one of many issues in Indonesia's COVID-19 response which emerge by well-documented evidence, and that potentially violates the right to health in response to the COVID-19 pandemics.

This paper identifies, reviews, and assesses laws and policies enacted and implemented in Indonesia in response to the COVID-19 pandemic during the period of March 2020 to May 2021. It explores issues around the promotion and protection of the right to health in COVID-19 policies and the use of military power in the implementation of such policies on the ground which occurred during that period of time.

Using the available official sources, all domestic laws and policies that indicate a military approach in response to the COVID-19 pandemic in Indonesia were identified, reviewed, and analyzed to understand impact. Media reports, research papers, and reports from intergovernmental organizations, multilateral agencies, non-governmental organizations, civil society, and expert and academic opinions were employed to better understand the policies, their implementation, and their impact on public health. In addition, at least 1,590 verified citizen reports related to data and information on COVID-19 that were collected and received by LaporCOVID-19 were used to analyze violations of the rights to health in response to the COVID-19, and represent concrete evidence from the ground.

¹ See Puno, G.R., Puno, R.C.C. and Maghuyop, I.V. (2021), "COVID-19 case fatality rates across Southeast Asian countries (SEA): a preliminary estimate using a simple linear regression model", *Journal of Health Research*, Vol. 35 No. 3, pp. 286-294. Available at: <https://doi.org/10.1108/JHR-06-2020-0229>

² See CSIS. (2021) Southeast Asia Covid-19 Tracker. Available at: <https://www.csis.org/programs/southeast-asia-program/projects/southeast-asia-covid-19-tracker>

³ See Katadata. (2021), Rasio Kematian Covid-19 Indonesia Tertinggi di Asia Tenggara [In Southeast Asia, Indonesia has the highest Covid-19 mortality rate]. Available at: <https://databoks.katadata.co.id/datapublish/2021/02/05/rasio-kematian-covid-19-indonesia-tertinggi-di-asia-tenggara>

⁴ See IHME. (2021), Estimation of total mortality due to COVID-19. Available at: <http://www.healthdata.org/special-analysis/estimation-excess-mortality-due-covid-19-and-scalars-reported-covid-19-deaths>

The Right to Health in International Law and in Indonesia

The right to health is fundamental and should be at the centre of any response to a pandemic. It is also protected by Article 25 of the Universal Declaration of Human Rights (UDHR)⁵ and given legal force by the International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 14 of ICESCR also clearly states that the right to health requires governments to take steps for the prevention, treatment, and control of epidemic, endemic, occupational and other diseases.⁶ Therefore, responses to public health crises must comply with obligations under the right to health, as outlined in the International Covenant, in order to ensure health equity and social justice for all.

In Indonesia, the right to health is a constitutional right. People's right to health is in fact guaranteed by the country's constitution under Article 28 (H) of its Second Amendment of the 1945 Constitution as well as by Law No. 39/1999 on Human Rights Law. Indonesia has also ratified the ICESCR through Law No. 11/2005. Furthermore, the country has a number of laws on health management that regulate infectious diseases management and public health emergency situations.

Response to COVID-19 in Indonesia: Legal Framework

The right to equal access to health is specifically guaranteed by the Law on National Health No. 36/2009, Infectious Diseases Pandemics No. 4/1984, and Health Quarantine No.6/2018. National law on Disaster Management No. 24/2007 also applies in a pandemic context. The government also issued a COVID-19 response umbrella policy, Presidential Decree No. 9/2020 concerning Amendments to Presidential Decree Number 7 of 2020 on Task Force for Rapid Response to COVID-19, which mainly assigns the military personnel the management of the national COVID-19 response.

Furthermore, since the beginning of the pandemic, the government of Indonesia has issued additional 131 regulations to respond to the crisis in the form of Presidential Regulation (*Perpres*), Government Regulation (*Peraturan Pemerintah*), Presidential Decree (*Keputusan Presiden*) and Ministerial Regulation, with some clauses in them potentially violating the right to health. For instance, there is a consistent lack of provisions on COVID-19 testing, which means the right to access COVID-19 medical treatment is not guaranteed. Violations of the right to health are also clearly reflected in several regulations; for example, under Chapter 3, Epidemiological Surveillance of the Health Ministry Regulation No. 413/2020, asymptomatic close contacts are not granted a PCR test by the government health providers. As a result, many asymptomatic close contacts are refused to get tested by public health centres. In fact, all people who previously had a close contact with a positive case should be tested according to WHO recommendation on testing.⁷ When the policy excludes an asymptomatic close

⁵ See UN. (1948), Universal Declaration of Human Rights. Available at: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

⁶ See UN. (1966), International Covenant on Economic, Social and Cultural Rights (ICESCR), G.A. Res. 2200A (XXI), article 12. Available at: [https://web.archive.org/web/20090904014255/http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/40d009901358b0e2c1256915005090be?Opendocument](https://web.archive.org/web/20090904014255/http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/40d009901358b0e2c1256915005090be?Opendocument).

⁷ See WHO (2020). Public health surveillance for Covid-19: interim guidance. Available at: <https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.8>

contact for testing it heightens the risk of undetected community transmissions, further spreading the virus in the community.⁸

In addition, the government has expanded the role of the military in the COVID-19 response. This began in August 2020 when the President issued Presidential Instruction (Inpres) No. 6/2020, ordering the military to provide support to local leaders by monitoring public compliance with health protocols along with the police.

COVID-19 Situation and ineffective response

As of 27th May 2021, the country recorded a total of 1.797.499 cases with 49.907 deaths due to the virus.⁹ The number of new daily confirmed cases in Indonesia reached its peak at 14.518 on 30th January 2021 and the highest number of deaths was at 476 cases on 28th January 2021.¹⁰ Among the reasons for poor control of COVID-19 are inherent problems in the governmental response, including lack of data transparency, poor epidemiological surveillance, weak public health measures, as well as corruption and poor governance.

Data Transparency

The success of pandemic control requires robust, transparent, reliable and credible public health data to formulate policies. In over one year since the start of the pandemic, the government has never made significant improvements in data management. Egocentric and overlapping data ownership makes it difficult to integrate and verify data as a whole,¹¹ whilst consistency in integrating data is one of the driving forces of pandemic control efforts, as the government is then able to enact appropriate policy based on the wholly integrated data. Lack of data integrations is exacerbated by the lack of transparency and accountability of the Government, making it difficult for the public to access this information.

These issues are manifested— among others— in the unavailability of data on the number of daily Polymerase Chain Reaction (PCR) tests at the city and province levels (except for DKI Jakarta and West Java province), which causes low public risk perception on the current local transmission.¹²

Another example is the widening gap of data on deaths reported by the central and provincial government. Indeed, the number of COVID-19 fatalities announced by the central government is often smaller than the data reported by local governments. *LaporCovid-19* found the number of positive COVID-19 deaths reached 47,642 people as of April 28, 2021. Meanwhile, the central government released 45,116 deaths on the same date. This means that there is a difference of up to 2,526 deaths recorded by the local government and the central

⁸ See WHO (2020). Public health surveillance for COVID-19: interim guideline. Available at <https://apps.who.int/iris/handle/10665/333752>

⁹ See Indonesia COVID-19 Task Force (2021), COVID-19 Update by Map. Available at: <https://COVID19.go.id/peta-sebaran>

¹⁰ See Indonesia COVID-19 Task Force (2021), COVID-19 Update by Map. Available at: <https://COVID19.go.id/peta-sebaran>

¹¹ See CISDI (2021) Health Outlook 2021. Available at: <https://cisdi.org/id/uncategorized-en/health-outlook-2021/>

¹² See *LaporCOVID-19*. (2021), Data Warga diduga bocor, data COVID-19 disembunyikan [Citizen data is suspected to have leaked, COVID-19 data is hidden]. Available at: <https://laporcovid19.org/post/data-warga-diduga-bocor-data-covid-19-disembunyikan>

government¹³. Such a multitude of problems shapes the way the government neglects health equity and social justice in response to the pandemic. There were indications that the number of tests was intentionally lowered to reduce the number of COVID-19 cases in the statistic.¹⁴

Another area where data is non-transparent is in the distribution of social assistance. To cope with the economic impacts of the epidemic on the citizens, the government has allocated 203,90 trillion rupiah (US\$14.18 billion) in 2020 for social safety net programs including Family Hope Program (PKH), staple food cards, pre-employment cards, energy subsidies, additional retail and logistical operations, and credit payment relief for informal employees. However, many issues emerged, including the validity of the beneficiary data, resulting in a non-targeted neighborhood receiving assistance distribution.

On the ground, issues concerning social assistance, such as beneficiaries not getting their social assistance, are attributed to the lack of data management and transparency. *LaporCovid-19* received at least 263 reports from citizens who faced issues with social assistance provision. They expressed dissatisfaction because of the lack of transparency, unequal distribution, a lack of socialization, poor quality of social assistance, the presence of fictitious beneficiaries, the politicization of social assistance, and corruption of social assistance involving the Minister of Social Affairs and some public servants.¹⁵

Additionally, lack of data transparency and accountability are reflected in the current scheme of vaccination by private actors (*Vaksinasi Gotong Royong*). Under article 6 of the Presidential Decree Number 14 of 2021 enterprises involved in the private vaccination program are appointed directly without any proper, robust, and transparent mechanism. The Ministry of Health (MoH) has improved the data related to the vaccination program. However, the only information currently available is the number of vaccine doses that have been administered per day in each respective province.¹⁶

Consequently, Transparency International Indonesia and *LaporCovid-19* have demanded more transparent information about the distribution of the vaccine in each respective areas' health facilities, and information on the type or group of people who have received vaccination (how many there are) and the scheduled timeline of vaccine recipients.¹⁷

However, the existing dashboard does not accommodate such information. As such, without this information, it would be difficult to monitor whether or not those who should be prioritised

¹³ See *LaporCOVID-19*. (2021), Data Kematian COVID-19 di Indonesia Masih Ruwet [COVID-19 Death Data in Indonesia Still Complicated]. Available at: <https://laporcovid19.org/post/data-kematian-covid-19-di-indonesia-masih-ruwet>

¹⁴ See Kompas.com. (2021), Jumlah Tes Covid-19 Turun Drastis, Epidemiolog: Sistem Pelaporan Data Sangat Buruk [Number of Covid-19 Tests Dropped Drastically, Epidemiologist: Very Poor Data Reporting System]. Available at: <https://nasional.kompas.com/read/2021/02/18/11355101/jumlah-tes-covid-19-turun-drastis-epidemiolog-sistem-pelaporan-data-sangat?page=all>

¹⁵ See Tirto (2021) Koruptor COVID-19 Merajalela: Aparat Desa, Bupati, sampai Menteri [COVID-19 Corruptors Are Rampant: Village Apparatus, Regents, to Ministers]. Available at: <https://tirto.id/koruptor-covid-19-merajalela-aparat-desa-bupati-sampai-menteri-gbUJ>

¹⁶ See Kementerian Kesehatan Republik Indonesia. (2021), Vaksinasi COVID-19 Nasional [National COVID-19 Vaccine]. Available at: <https://vaksin.kemkes.go.id/#/vaccines>

¹⁷ See Transparency International Indonesia. (2021), Surat Desakan Perbaikan Tata Kelola Pelaksanaan Vaksinasi Menuju Herd Immunity. Available at: <https://ti.or.id/surat-desakan-perbaikan-tata-kelola-pelaksanaan-program-vaksinasi-menuju-herd-immunity/>

have already been vaccinated. Moreover, information regarding the schedule for vaccination, and data on Adverse Event Following Immunisation (AEFI) are often neither disclosed nor updated regularly in Indonesia's official websites.

Poor public health response

Indonesia is in a race against time to contain the COVID-19 outbreak as patients overrun health facilities and medical workers are overwhelmed, but primary efforts to break the chain of transmission are still far from what was expected. Testing, tracing, and treatment are key to control COVID-19. This strategy is designed to control the infection chain of the disease by identification of COVID-19 cases using laboratory tests, tracing close contacts of confirmed cases, and advising them to isolate to prevent further spread of infection.

Unfortunately, these measures remain weak in Indonesia, with poor epidemiological surveillance contributing to under-reporting of cases. The majority of provinces do not meet the WHO minimum standard of testing of 1,000 people per week.¹⁸ Laporcovid-19 has received 121 complaints about lack of adequate testing, tracing, and treatment by the health facilities and the Covid-19 Task Force.

For example, numerous citizens complained about healthcare workers who did not conduct tracing to the communities where there was a several number of positive cases in the area. Recent reports even showed that one tracer could only find 4 close contacts of one positive case,¹⁹ whereas MoH Regulation No. 4641/2021 set a minimum of tracing 15 close contacts of one positive case. Another report complained about *Puskesmas* being not responsive in giving help to patients in home-quarantine. Laporcovid19 has also received 38 reports of people directly requesting COVID-19 treatment rooms in hospitals during the time of overwhelmed hospitals in December and January, and most of them were being denied it.

Epidemiological data surveillance

Moreover, lack of data transparency occurs in the national epidemiological statistics. The nation does not follow WHO recommendations to include probable deaths for the epidemiological surveillance. According to WHO, probable deaths are defined as a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). The notion of including probable/suspected death cases is to identify the testing capacity in the area, which consequently restrict access to COVID-19 test rights for those with COVID-19 clinical symptoms

Vaccination program: critical aspects

Indonesia's vaccination policy has numerous problematic aspects, mainly related to vaccine inequity and disproportionate penalty on vaccination refusal.

¹⁸ See WHO. (2020), Laboratory testing strategy recommendations for COVID-19: interim guidance, 21 March 2020. Available at: <https://apps.who.int/iris/handle/10665/331509>. License: CC BY-NC-SA 3.0 IGO

¹⁹ See Kompas.id (2021). Menutup Celah Gelombang Kedua Pandemi Covid-19. Available at: <https://www.kompas.id/baca/riset/2021/05/18/menutup-celah-gelombang-kedua-pandemi-covid-19/>

Vaccine inequity

In the time of public health crisis, vaccine administration should follow WHO SAGE (Strategic Advisory Group of Expert) recommendations where vaccination is carried out by giving priority to the most vulnerable groups, such as health workers, elderly groups and people living in locations with high transmission rates.²⁰ Regrettably, the Indonesian government seems to pay little attention to vaccine equity when designing and implementing its vaccination plan, putting vulnerable groups (healthcare workers, elderlies, persons with comorbidities) at risk of not getting vaccines.

Instead, the government had inoculated Covid-19 vaccination against non-vulnerable groups, including celebrities,²¹ artists,²² Members of Parliament as well as their families.²³ Meanwhile, as of the end of May 2021, the elderly are still having difficulties in accessing vaccines and in getting information and access to vaccinations, due to not having smartphones for registration, technical problems with registrations, or health clinics running out of vaccine doses.²⁴ ²⁵ Responding to the technical difficulties in vaccine registration, the government has changed the registration procedure several times. However, by the end of May, the coverage of vaccination for elderly remains far below the target.²⁶

Another vaccine inequity problem relates to the government of Indonesia's decision to allow the private sector to vaccinate employees and their family members,²⁷ while not all healthcare workers and elderly are close to being completely vaccinated. The decision appears to be in contrast with the principles of equality, equity, and social justice, and the right to health. Those principles emphasize that in the time of a public health crisis, vaccination should be based on public health, medical, and epidemiological considerations, not on financial capacity nor on economy or power affiliation. Further, such a decision potentially triggers conflict of interest, corruption in the vaccine procurement, and power abuses.²⁸

²⁰ See WHO. (2020). SAGE Roadmap For Prioritizing Uses Of COVID-19 Vaccines In The Context Of Limited Supply. Available at: <https://www.who.int/publications/m/item/who-sage-roadmap-for-prioritizing-uses-of-COVID-19-vaccines-in-the-context-of-limited-supply>

²¹ See Jakarta Post (2021) Raffi Ahmad Under Fire For Breaching Covid-19 Protocols After vaccination. Available at: <https://www.thejakartapost.com/news/2021/01/15/raffi-ahmad-under-fire-for-breaching-covid-19-protocols-after-vaccination.html>

²² See Setkab.go.id (2021) President Jokowi Inspects Mass vaccination for Artists in Yogyakarta. Available at <https://setkab.go.id/en/president-jokowi-inspects-mass-vaccination-for-artists-in-yogyakarta/>

²³ See Tempo.co (2021) Vaksinasi di DPR Keluarga Kandung Anggota DPR ikut Divaksinasi Available at <https://nasional.kompas.com/read/2021/02/26/12091341/vaksinasi-di-dpr-keluarga-kandung-anggota-dpr-turut-divaksinasi>

²⁴ See Jakarta Post (2021) Indonesia Starts Vaccinating Seniors but many Confused by Online Registration Long Queues. Available at: https://www.thejakartapost.com/news/2021/02/25/indonesia-starts-vaccinating-seniors-but-many-confused-by-online-registration-long-queues.html?utm_campaign=os&utm_source=mobile&utm_medium=android

²⁵ See at Kompas.id (2021) Capaian Vaksinasi Lansia Rendah, Kabupaten dan Kota di Sumbar Diminta Jemput Bola [Low Elderly Vaccination Rate, Regency and Cities in West Sumatera has been ask to do a Door to Door Method], Available at <https://www.kompas.id/baca/nusantara/2021/05/29/capaian-vaksinasi-lansia-rendah-kabupaten-dan-kota-di-sumbar-diminta-jemput-bola/>

²⁶ See Kementerian Kesehatan RI (2021). Vaksinasi COVID-19 Nasional [National COVID-19 Vaccination]. Available at: <https://vaksin.kemkes.go.id/#/vaccines>

²⁷ As outlined in the President Regulation No. 14/2021 concerning the Implementation of Vaccination and the Health Ministry Regulation No. 10/2021 concerning Guidance on the Implementation of COVID-19 Vaccination program.

²⁸ See LaporCovid19 (2021), Slaran Pers: Adil dan Bijakkah Vaksin Mandiri [Press Release: Is It Fair and Wise to Have An Independent Vaccine]. Available at : <https://laporcovid19.org/post/adil-dan-bijakkah-vaksin-mandiri>

Sanctions for refusing vaccine

According to the Presidential Decree Number 14 of 2021, sanctions include the suspension of the provision of social security or social assistance, suspension of government administration services, and/or fines as well as criminal sanctions as outlined in the Infectious Disease Outbreak Law. According to Articles 14 and 15 of the law, those who refuse to get vaccinated can be punished with a maximum imprisonment of 1 year and / or a maximum fine of one million rupiah (\$63.13).²⁹ In addition, the Jakarta provincial regulation No. 2/2020 concerning the prevention of the 2019 coronavirus disease states that the amount of fine that must be paid is five million rupiah (\$345.60).

Sanctions are also envisaged in the form of restriction of accessing and receiving social aids, and limiting public rights to process administrative matters (getting personal ID, family cards or processing paperworks). For example, several sub-districts in Pekanbaru City, Riau Province starting from 7 June 2021 require its residents who request administrative documents such as Police Records Certificates (SKCK) to provide evidence that they have received the Covid-19 vaccination.^{30,31}

Those sanctions contravene the right of everyone to social security or social assistance, as well as an identity card, which cannot be limited if someone is refusing to get vaccinated.³²

The fulfilment of the right to health requires each government to protect anyone from interference, including non-consensual medical treatment.³³ Similarly, article 28(H) of Indonesia's 1945 Constitution and the Health Law, which stated that everyone has the right to independently determine the type of health service and treatment according to their own will, provide guarantee for one's right to health.

The problem of vaccine hesitancy should not be merely solved by enforcing sanctions. Instead, public health awareness interventions on the advantages of vaccination against the coronavirus infection must be ensured. This should incorporate the need of providing sufficient, adequate, and robust information regarding the quality of vaccines, sufficient evidence of its safety amidst many cases of Adverse Event following Immunisation (AEFI) which declines public acceptance towards vaccination. Access to information is also part of the fulfilment of the right to health.³⁴

LaporCovid-19 has conducted a social media sentiment analysis regarding public trust, that has shown that the lack of data transparency of AEFI made people hesitate to register for

²⁹ See in Article 13A paragraph (4) of the Infectious Diseases Outbreak Law

³⁰ See GoRiau.com (2021). Warga Payung Sekaki Wajib Bawa Bukti Vaksin Saat Urus Dokumen Administrasi [Payung Sekaki Residents Are Required to Bring Vaccination Evidence While Requesting Administrative Documents] Available at <https://www.goriau.com/berita/baca/warga-payung-sekaki-wajib-bawa-bukti-vaksin-saat-urus-dokumen-administrasi.html>

³¹ See Merdeka.com (2021). Polres Inhil Jadikan Surat Vaksinasi Syarat Pembuatan SKCK [Resort Police in Inhil Made Vaccination Letters as a Requirement for Processing Police Record Certificates] Available at <https://www.merdeka.com/peristiwa/polres-inhil-jadikan-surat-vaksinasi-syarat-pembuatan-skck.html>

³² See WHO (2021). Covid-19 and Mandatory Vaccination: Ethical Considerations and Caveats Available at: <https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Policy-brief-Mandatory-vaccination-2021.1>

³³ See WHO-UNHCR document on the Right to health <https://www.ohchr.org/documents/publications/factsheet31.pdf>

³⁴ See Committee on Economic, Social and Cultural Rights (CESCR) (2000). General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12). Paragraph 12 (b). Available at: <https://digitallibrary.un.org/record/425041>

vaccination. LaporanCovid-19 has also received 41 citizen reports about vaccinations, raising issues such as a poor data collection and registration mechanisms, and discrimination in vaccine inoculation (giving vaccines towards non-priority). Moreover, it was reported that information on the vaccination schedule, as well as on Adverse Event Following Immunization (AEFI), is often neither disclosed nor updated regularly.

The Role of National Police and Military Institutions in Response to COVID-19

Many governments have deployed military and other security personnel to support the public health crisis response, including Indonesia. Among the roles envisaged for law enforcement are conducting PCR testing, creating emergency hospitals, and deploying military doctors and nurses to the existing medical facilities.

Militarisation of the COVID-19 response

In Indonesia, the national police and the military are deeply involved in responding to the COVID-19 pandemic, with at least 16 regulations appointing the armed forces to high-level decision making positions. The involvement of national military and police agencies at the top policy-making level of the first COVID-19 Task Force clearly emerges from the first COVID-19 response umbrella regulation.³⁵ Notably, the Chief Executive along with the Vice Chairman of the first COVID-19 task force are from the nation's military bodies (see Figure 1).

Further as the pandemic hit the nation severely, the amendment of the regulation (Presidential Decree No. 9/2020) tasked the National Board for Disaster Management (BNPB), which mainly comprises military personnel,³⁶ with heading the COVID-19 Task Force.³⁷

Within the new structure, the Secretary-General of the Ministry of Health is only appointed as the Vice Executive of the COVID-19 Task Force rather than the Chief executive (see figure 2). This is such an appropriate approach to respond to the pandemic, because among the other institutions, the Ministry of Health is constitutionally mandated to respond to any infectious diseases, including COVID-19.

Although the Task Force was formed to respond to a public health emergency, the high executive level of the COVID-19 Task Force is dominated by the national defense, military, and police agencies. This move is arguably the result of the government's late reaction to the

³⁵ See Setkab RI (2020), Presiden Teken Keppres Gugus Tugas Percepatan Penanganan Covid-19 [President Signs Presidential Decree for the Task Force for the Acceleration of Handling Covid-19] Available at: <https://setkab.go.id/presiden-teken-keppres-gugus-tugas-percepatan-penanganan-covid-19/>

³⁶ See International Relations BINUS (2020), Virus Bukan Insurgent: Salah Kaprah Respons Pemerintah Indonesia Terhadap Pandemi Covid-19 [Viruses Are Not Insurgent: Misguided The Indonesian Government's Response to the Covid-19 Pandemic]. Available at: <https://ir.binus.ac.id/2020/04/07/virus-bukan-insurgent-salah-kaprah-respons-pemerintah-indonesia-terhadap-pandemi-covid-19/>

³⁷ See Setkab RI (2020). Perkuat Pelaksanaan, Presiden Tambah K/L dalam Susunan Gugus Tugas Penanganan Covid-19 [Strengthening Implementation, President Adds Ministries / Institutions in the Composition of the Covid-19 Handling Task Force]. Available at: <https://setkab.go.id/perkuat-pelaksanaan-presiden-tambah-k-l-dalam-susunan-gugus-tugas-penanganan-covid-19/>

epidemic. Resultantly, the government had no options but to rely on a security strategy to support the nation's economic and political stability.³⁸

The armed forces have limited expertise and experience in handling pandemics and national public health disasters. Consequently, this military-dominated composition has shaped the direction of the emergency response into a heavily-militarised approach, leaving public health elements and principles behind.

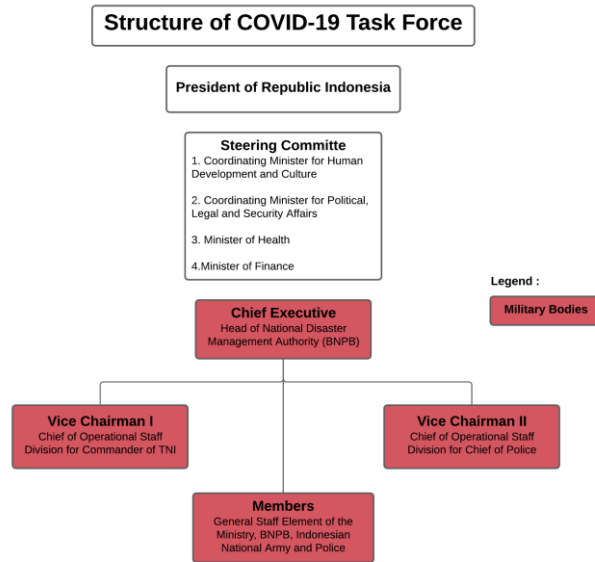


Figure 1. The first structural agencies for COVID-19 response

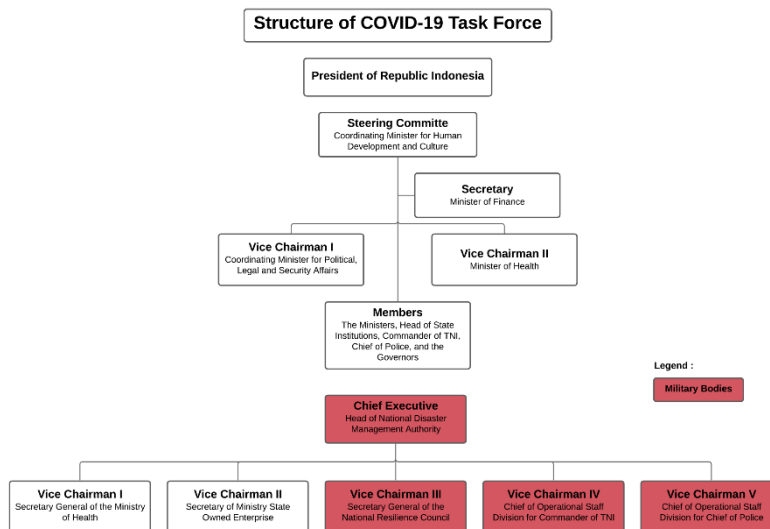


Figure 2. Amended structure of COVID-19 Task Force

³⁸ See Jakarta Post (2020), In COVID-19 response, can Jokowi avoid military 'star wars'?. Available at: <https://www.thejakartapost.com/news/2020/03/26/in-covid-19-response-can-jokowi-avoid-military-star-wars.html>.

Military's outrageous role

In addition, the armed forces conduct COVID-19 drug manufacturing -, which is not in their clinical capacity - and forced pick-up of COVID-19 patients which causes feelings of intimidation and fear. In addition, the State Intelligence Agency (henceforth referred to as *BIN*) was given authority to procure and provide mobile PCR tests which were recently proven unreliable.³⁹ The involvement of *BIN* is hugely problematic given that they are not experts in the public health areas, especially in the creation of drugs, resulting in the National Food and Agency rejecting approval of its production.⁴⁰

Moreover, the military has been officially assigned under the Ministry of Health Decision No. 4641/2021 to do contact tracing processes,⁴¹ However, there is no evidence showing the effectiveness and success of their role in increasing the number of testing.

Violence by the military against healthcare workers.

One issue in the involvement of military bodies in setting up emergency hospitals is the intimidation of health workers by military personnel.

In mid-May 2021, military personnel reportedly intimidated a group of nurses, Indonesia Healthcare Network, who had released a statement that questioned the government's failure to distribute incentives for health workers. It is the state's obligation to provide protection and incentives to health professional workers, as stated in Decision of MoH 4239/2021, as a token of appreciation for the health services that health workers provide. Members of the network, including nurses and doctors who work at a COVID-19 emergency hospital in Jakarta, Wisma Atlet, received several phone calls from military personnel. The coordinator of the network was summoned by law enforcement authorities to be questioned regarding her activities on incentives. She was interrogated by about 20 people consisting of police and military personnel at the hospital. In addition, she was forced to sign a statement promising she would not raise the issue again. Her work ID card was confiscated, prohibiting her from doing her job as a nurse. The next day, her contract was not extended.⁴²

The involvement of police in picking up patients.

LaporCOVID-19 received a report from a citizen complaining about the fact that a police officer came to his house to inform him of his father's PCR test. The presence of police at

³⁹ See Tempo (2020), Hasil Tes Swab Dari Badan Intelijen Negara Diduga Tidak Akurat [Swab Test Results From State Intelligence Agency Allegedly Inaccurate]. Available at: <https://nasional.tempo.co/read/1390648/hasil-tes-swab-dari-badan-intelijen-negara-diduga-tidak-akurat/full&view=ok>

⁴⁰ See The Conversation (2020). 7 Persoalan Serius dalam Uji Klinik Calon Obat COVID-19 dari riset UNAIR, BIN, dan TNI AD, Available at: <https://theconversation.com/7-persoalan-serius-dalam-uji-klinik-calon-obat-covid-19-dari-riset-unair-bin-dan-tni-ad-145064>

⁴¹ See Kementerian Kesehatan RI (2021), Wamenkes Sebut Tugas Contact Tracer Hilangkan Stigma Pengucilan [Vice Minister of Health Calls Contact Tracer's Task to Eliminate The Stigma of Exclusion] Available at: <https://www.kemkes.go.id/article/view/21022700004/wamenkes-sebut-tugas-contact-tracer-hilangkan-stigma-pengucilan.html>

⁴² See Tempo. (2021), Kisah Perawat Wisma Atlet Tak Diperpanjang Kontrak Kerja Usai Pertanyaan Insentif [The Story of a Wisma Athlete Nurse Not Extending the Work Contract After Questioning Incentives]. Available at: <https://nasional.tempo.co/read/1461918/kisah-perawat-wisma-atlet-tak-diperpanjang-kontrak-kerja-usai-pertanyaan-insentif>

his house, although the personnel did not do any abusive actions, attracted attention from his neighbours, subsequently raising suspicions and fear amongst the neighbours. It was not necessary for the police to come and inform of the PCR test result, as the previous day primary healthcare workers had carried out similar tasks.

The role of the police to inform medical results is not in line with their traditional role, which is to safeguard security. Police officers are still perceived by civilians as intimidating, powerful bodies who have capacity to conduct coercive, abusive actions towards civilians,⁴³ leading many to avoid contact.

Corporal punishment

The government has increased the deployment of police and military personnel to improve citizen compliance with health protocols as the nation struggles to control the rising number of COVID-19 cases and deaths.



**PENEGAKAN DISIPLIN,
KEL. SODONGHILIR, KAB. TASIKMALAYA,
JAWA BARAT**

Figure 3. Police officers enforce disciplinary rules by asking the non-compliant to do push ups (Source: covid19.go.id)



**MENEGUR KEGIATAN KERUMUNAN,
KEL. LANGSE, KEC. KARANGSAMBUNG, KAB.
KEBUMEN, JAWA TENGAH**

Figure 4. with officers scold civilians who did not comply to social distancing rules (Source: covid19.go.id)

The role of the TNI in the context of disciplining the implementation of health protocols is ineffective. For example, between July 2020 and April 2021, LaporCovid-19 received at least 1,096 reports of non-compliance with health protocols despite the deployment of military officers. One reason for its ineffectiveness is weak enforcement of the rules — the rules are not consistently applied to everyone, and hence are inherently discriminatory. For example, official authorities who held an event causing the gathering of the crowds were not sanctioned,

⁴³ See Kontras. (2021) Laporan Tahunan Hari Bhayangkara Ke-74 [74th Bhayangkara Day Annual Report]. Available at: https://kontras.org/wp-content/uploads/2020/06/2907_bhayangkara_Final.pdf

while civilians are.⁴⁴ This causes public gatherings to continue and be held by the public, causing further community transmission.

Weak enforcement of the rules by the military only causes temporary compliance and fear amongst the public, because the public does not yet have a high literacy rate about the pandemic risk due to the lack of reliable and accessible information provided by the government.⁴⁵

Instances of violence and excessive force by the military and police were also reported in the monitoring and implementation of large-scale social restrictions (lockdown). Reported abuses include the application of corporal sanctions (such as sleeping in coffins and doing push-ups),⁴⁶ beatings,^{47,48} the use of water cannons to disperse crowds,⁴⁹ and persecution.⁵⁰

Shrunken civic space

During the pandemic the military and police arrested demonstrators who were voicing their concerns on the government's Omnibus Bill on Job Creation, using social restrictions and health protocols as pretext. The demonstrators were undressed at the police station and gathered in a closed room without respecting physical distancing rules.⁵¹ Some student activists who joined the Labour Day Rally were also arrested by the police. Contrary to the government's efforts to keep social distancing rules, they were also put into crowded police cars.⁵² Hence, the police action to the demonstrators was not only disproportionate, and a degrading treatment, but also potentially contributed to the spread of the virus within the activists and towards their surrounding areas.

⁴⁴ See JawaPos. (2021) Polri Sebut Kerumunan Jokowi di NTT Tak Masuk Pelanggaran Hukum [Police say President Jokowi crowd in NTT is not a violation of the law]. Available at: <https://www.jawapos.com/nasional/27/02/2021/polri-sebut-kerumunan-jokowi-di-ntt-tak-masuk-pelanggaran-hukum/>

⁴⁵ See BBC Indonesia. (2020), 'New normal': Pelibatan tentara justru menciptakan 'abnormalitas', pemerintah beralasan demi 'mendisiplinkan' warga [New normal: Army involvement creates 'abnormalities', government argues in order to 'discipline' citizens]. Available at: <https://www.bbc.com/indonesia/indonesia-52834296>

⁴⁶ See detik.com (2020), Sanksi Tak Biasa Pelanggar PSBB: Push Up, Tidur di Peti Mati, Masuk Ambulans [Unusual Sanctions For PSBB Violators: Push Up, Sleep in Coffins, Get In Ambulances] Available at: <https://news.detik.com/berita/d-5159368/sanksi-tak-biasa-pelanggar-psbb-push-up-tidur-di-peti-mati-masuk-ambulans>

⁴⁷ See Liputan6.com (2020), Kronologis Viralnya Satpol PP Pukul Juru Parkir Toko Pelanggar PSBB [The chronology of the virus that the civil service police unit hit the shop attendant who violated the PSBB]. Available at: <https://www.liputan6.com/regional/read/4245353/kronologis-viralnya-satpol-pp-makassar-pukul-juru-parkir-toko-pelanggar-psbb>

⁴⁸ See detik.com (2021), Sagita Dipukul Satpol PP Saat Razia Padahal Bermasker, Wajah-Tangan Luka[Sagita was beaten by a civil service police unit during a raid, even though she had a mask, her face and hands were injured]. Available at: <https://news.detik.com/berita/d-5330461/sagita-dipukul-satpol-pp-saat-razia-padahal-bermasker-wajah-tangan-luka>

⁴⁹ See CNN Indonesia (2020), Warga Papua Tewas Terjatuh Hindari Semprotan tim Gugus Tugas. [Papuan Falling Killed Avoiding Spraying by the Task Force Team] <https://www.cnnindonesia.com/nasional/20200526175059-12-507097/warga-papua-tewas-terjatuh-hindari-semprotan-tim-gugus-tugas>

⁵⁰ See Kontras (2020), Kronologis Penganiayaan Warga oleh Polisi dari Polres Manggarai Barat Dan Proses Penanganannya [Chronological Mistreatment of Citizens by Police from West Manggarai Police And How its Handling Process]. Available at: https://kontras.org/wp-content/uploads/2020/04/Kronologi_Kasus_Kekerasan_Oleh_Oknum_Polres_Mabar_11_April_2020-dikonversi.pdf

⁵¹ See Tribunnews.com (2020), In Najwa's eyes, the demonstrators' parents claimed to be looking for their child at the demo, apparently without clothes in a dark room. Available at: <https://manado.tribunnews.com/2020/11/05/di-mata-najwa-orangtua-pendemo-ngaku-cari-anaknya-saat-demo-ternyata-tanpa-busana-di-ruang-gelap?page=4>

⁵² See CNN Indonesia (2020). Cerita Mahasiswa Ikut Demo Buruh: Ditangkap dan dipukuli. Available at: <https://www.cnnindonesia.com/nasional/20210503074936-12-637667/cerita-mahasiswa-ikut-demo-buruh-ditangkap-dan-dipukuli>

Economy over Public Health

In early 2020 and during the first months of the pandemic, the escalating crisis has prompted the declaration of a national health emergency and the imposition of social distancing measures in Jakarta and other severely affected areas.

The government of Indonesia has shown to prioritize economic interest over public health during the pandemic. For example, it has not imposed a full lockdown or quarantine as an option to control the spread of COVID-19, arguing that lockdown would have a detrimental economic impact.⁵³ Instead, the government released Government Regulation (PP) No. 21/2020, the regulation which enforces Large-Scale Social Restrictions (henceforth referred to as *PSBB*) to respond to the public health emergency, allowing regional governments to restrict the movement of people and goods in and out of their respective localities provided they had received permission from the Ministry of Health.

The implementation of *PSBB* during the early stage of the pandemic resulted in slowing down the spread of the virus in Jakarta. The number of new COVID-19 cases has decreased significantly due to tightening restrictions, including closing down all activities and transportations from and to the area of Jakarta, except for essential business.

The *PSBB* regulation saved lives but also resulted in people losing their jobs and small businesses closing. Gloomy performance of the Indonesian economy has begun to be felt by middle to lower-income families. Such a situation would not have happened if the government had provided basic needs support for its people, including incentives to waive electricity and water bills. Instead, the government only provides social aid to targeted group. In fact, the government should use the Quarantine Law No. 6/2018 which requires territorial quarantine to also take place, along with the obligation of the government to provide basic needs to all populations affected.

After implementing large-scale social restrictions (*PSBB*) to control the spread of COVID-19 in early April - 4 June 2020,⁵⁴ the authorities decided to loosen the restrictions. In fact, the central government allowed commercial flights to operate to boost tourism, causing masses of crowds.⁵⁵ In DKI Jakarta, companies were allowed to have 50% of their employees working in offline sites,⁵⁶ malls and restaurants were open with 50% capacity of visitors to boost economic growth. Following the opening of Jakarta's Soekarno Hatta International Airport, despite the increasing number of new COVID-19 cases, the government gradually reopened

⁵³ See Tempo.co (2021) Jokowi Sebut Lockdown Skala Besar Akan Sangat Merugikan Perekonomian [Jokowi Calls Large-Scale Lockdown Will Hurt the Economy]. Available at: <https://bisnis.tempo.co/read/1431854/jokowi-sebut-lockdown-skala-besar-akan-sangat-merugikan-perekonomian>

⁵⁴ See Regulation of Governor of Jakarta 33/2020, 9 April 2020, Implementation of the large-scale social restrictions in response Covid-19 in Jakarta province. Available at: https://jdih.jakarta.go.id/uploads/default/produkhukum/PERGUB_NO.33_TAHUN_20204.pdf. Also see all Jakarta's social large-scale restriction regulations in https://jdih.jakarta.go.id/himpunan/produk_hukum_search

⁵⁵ See Jakarta Post (2020), House Urges Government to Evaluate Travel Relaxation as crowds throng airport. Available at: <https://www.thejakartapost.com/news/2020/05/16/house-urges-govt-to-evaluate-travel-relaxation-as-crowds-throng-airport.html>

⁵⁶ See Satuan Tugas Penanganan Covid-19, (2020) DKI Jakarta Governor Regulation no. 51/2020 on the Large-scale Social Restriction in the Transitional Period. Available at: <https://covid19.go.id/p/protokol/pergub-51-tahun-2020-tentang-pelaksanaan-psbb-transisi>

economic activities and loosened all restrictions, resulting in increasing the virus transmission in some big cities and provinces across Indonesia.⁵⁷

The government claimed to have loosen these social restrictions to meet the demands of health services and accommodate economic activities for protecting the nation's economy. Citing economic considerations, the government allowed public transport to resume operations amid the lockdown by opening travel for specific purposes, which would further allow restrictions on convenience in other sectors as well.⁵⁸ This indicates that the government prioritized economic interests over public health since the early stages of the pandemic, jeopardizing the health of many.

On 7 January 2021, the measure was modified into enforcement of restrictions on community activities (PPKM) with the enactment of the Minister of Home Affairs Instruction No. 1/2021.⁵⁹ Implemented at the national level, the social restrictions of this new model, PPKM, loosens previous strict rules in the *PSBB*. In the *PSBB* policy, the Regional Head proposed social restrictions on the community to the Minister of Health based on predetermined criteria. Meanwhile, in PPKM, restrictions are precisely set by the Heads of their respective regions. This regulation also still allows 25% of employees to Work from Office (WFO) and allows joint worship activities with a capacity of 50%.

Further, on 20 July 2020, President Joko Widodo issued Presidential Regulation (Perpres) No. 82/2020 creating the Committee for the Handling of COVID-19 and National Economic Recovery (*KPCPEN*). The new structure replaced the former regulation on the establishment of COVID-19 Task Force and merged it with the National Economic Recovery Task Force. Under this current structure, the national program to respond to the pandemic is officially led by the Coordinating Minister for Economic Affairs. In addition, the Minister of State-Owned Enterprises (*BUMN*), together with the executive chairman in the new structure, will coordinate the implementation of policy (Figure 5).

⁵⁷ See Kompas (2020), Trends in Covid-19 Cases Increase in June, this is the reason according to experts. Available at: <https://www.kompas.com/tren/read/2020/06/17/200500665/tren-kasus-covid-19-meningkat-di-bulan-juni-ini-alasannya-menurut-ahli?page=all>

⁵⁸ See Jakartapost. (2020), COVID-19: Govt plans to loosen PSBB regulations, starting with transportation. Available at: <https://www.thejakartapost.com/news/2020/05/17/COVID-19-govt-plans-to-loosen-psbb-regulations-starting-with-transportation.html>.

⁵⁹ See CNN Indonesia com. (2021), Soal PSBB Jawa-Bali, Pemerintah Kenalkan Istilah PPKM [Regarding PSBB Jawa-Bali, The Government Introduces the Term PPKM]. Available at: <https://www.cnnindonesia.com/nasional/20210107121756-20-590630/soal-psbb-jawa-bali-pemerintah-kenalkan-istilah-ppkm>

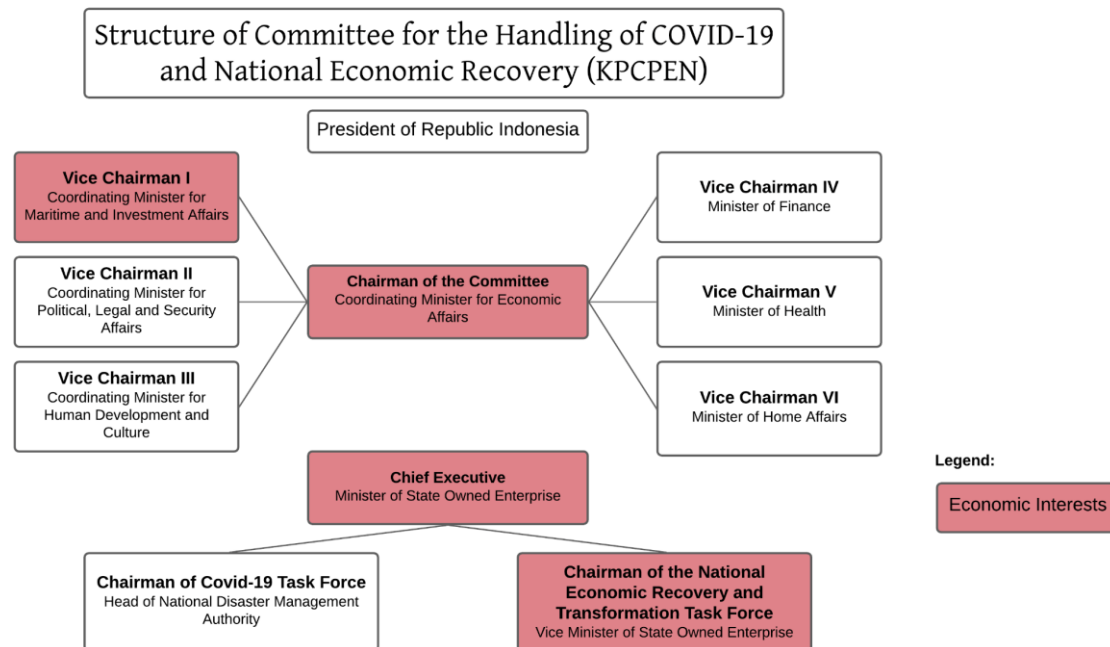


Figure 5. The new structural of KPCPEN

The predominant focus of the government on economy rather than health recovery is evident in the new structure, with three out of four key leadership positions on the committee belonging to the Economic Minister, suggesting that Indonesia has decisively shifted policy attention from the health crisis towards facilitating economic recovery. While the *KPCPEN* is instructed to make a balanced agenda in the policy (prioritising both pandemic and economic recovery), some advice given shows interest in economic recovery; for example, extending the duration of *PPKM* Micro which clearly relaxes economic restriction.⁶⁰ Economic recovery remains the administration's top priority rather than protecting the right to health of its people through formulating public-health focused policies, resulting in the prolonged COVID-19 transmission in the country.

This is also evidenced by the fact that in 2020, only 12.5% of the total government budget was allocated to the health sector, whilst 25% was allocated to stimulating corporation and businesses sectors.⁶¹ All of this demonstrates that the primary focus of the government is achieving economic growth, rather than controlling the spread of the virus, thus prolonging the pandemic situation.⁶²

At the same time, many health workers did not receive the benefits they are entitled to. As of 18 March 2021, there are at least 3,443 health workers who did not receive such benefits. According to direct reports, only 314 health workers received it, but with reduced amounts.

⁶⁰ See Medcom. (2021), *PPKM Berskala Mikro Diperpanjang Hingga 3 Mei [PPKM Extended Until May]*. Available at: <https://t.co/Wf7T5Tu8G8?amp=1>

⁶¹ See Kementerian Keuangan RI. (2021), *Realisasi Pelaksanaan APBN TA 2020 [Realization of State Budget Implementation in 2020]*. Available at: <https://www.kemenkeu.go.id/media/17028/konferensi-pers-realisis-pelaksanaan-apbn-ta-2020.pdf>

⁶² See Jaringan Dokumentasi dan Informasi Hukum (2020) *Presidential regulation no.28/2020*. Available at: <https://peraturan.bpk.go.id/Home/Details/132021/perpres-no-28-tahun-2020>

Social Safety Net

The pandemic situation has devastated Indonesia's economy. This condition is a result of restrictions on community activities and also the trend of work termination by enterprises due to decline in sales. With Governmental regulation on *PSBB*, the government responded to this issue by providing social assistance to the citizens so that the economic turnaround in the community continues.

The government announced six social safety nets (*JPS*) programs to mitigate the impact of COVID-19 on marginalized groups. These include additional recipients of the Family Hope Program (*PKH*), Staple Food Cards, Pre-Employment Cards, electricity subsidies, additional market and logistical operations, and credit payment relief for informal workers.

However, the implementation of social assistance programs has many problems. The realization of the budget for social assistance reached IDR 203.90 trillion in 2020 (see figure 6), but accountability for its disbursement is key. However, because of the poor data collection of the beneficiaries, social assistance has not been timely distributed to the eligible beneficiaries. The presence of fictitious beneficiaries, poor data collection of the beneficiaries and social aid corruption, collusion and nepotism (*KKN*) practices were also identified as problems.⁶³ In December 2020, the Minister of Social Affairs, Juliari Batubara, was arrested for taking bribes worth Rp 32.000.0000.000,00 (USD 2.213.070,24).⁶⁴

Citizen's economic problems coupled with the ongoing pandemic lead the public – and particularly socio-economic disadvantaged groups – to engage in formal or informal work to earn income at the expense of safeguarding health, or in ways that put them in violation of COVID-19 control measures. This leads to a further spread of the virus and in being targeted by law enforcement.

⁶³ See Ombudsman RI (2020) Potensi Maladministrasi dan Korupsi Bansos Covid-19 [Potential Maladministration and Corruption of Bansos Covid-19]. Available at: <https://ombudsman.go.id/artikel/r/artikel--potensi-maladministrasi-dan-korupsi-bansos-covid-19->

⁶⁴ See Tempo.co (2021) Kasus Bansos, Juliari Batubara Didakwa Terima Suap Rp 32 Miliar Lebih [Social Assistance Case, Juliari Batubara Accused of Accepting Rp 32 Billion More Bribes]. Available at : <https://nasional.tempo.co/read/1454818/kasus-bansos-juliari-batubara-didakwa-terima-suap-rp-32-miliar-lebih>

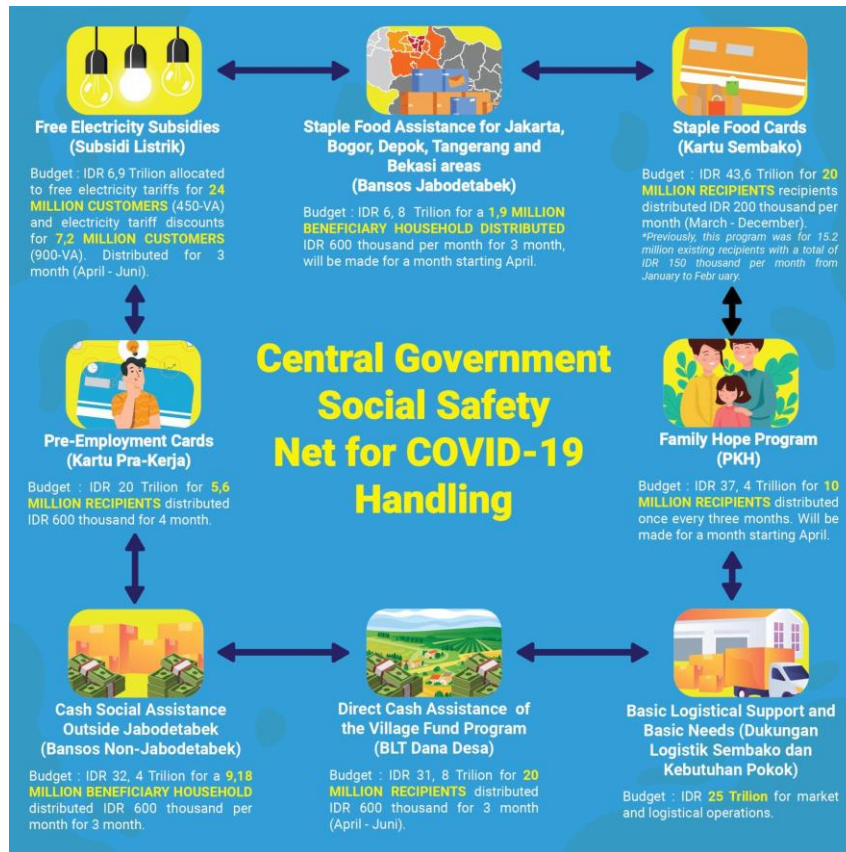


Figure 6. Social Safety Net Infographic 2020

Conclusion and recommendations

After one year since the first COVID-19 cases were recorded in Indonesia, the fatality rate remains high.⁶⁵ Mounting evidence points to numerous critical aspects of the Indonesian government's policies and practices for responding to the pandemic, including issues with the national legal frameworks; excessive military role; putting economy interests over public health; lack of COVID-19 data transparency and accountability, poor public health responses; weak epidemiological data surveillance; corruption in the COVID-19 social assistance; inequality in the distribution of COVID-19 vaccines; and violations of the right to health.

These problems contribute to the worsening of the pandemic in the country. Unfortunately, some of these problems are rooted in the overall government tendency to neglect public health-based approaches and the right to health.

In fact, certain legal instruments envisage or allow practices that risk and perpetuate violations of the right to health, including limiting the right to access to COVID-19 tests, COVID-19 intensive treatment and medication, and hindering vaccine equity. Moreover, some national policies clearly show that the pandemic prevention and control measures are driven by safeguarding the country's economy rather than public health.

⁶⁵ See Indonesia COVID-19 Task Force (2021) COVID-19 Update by Map. Available at: <https://COVID19.go.id/peta-sebaran>

Therefore, progressive improvement is needed, including but not limited to the following measures:

- To prioritise public health and human rights centred approaches to respond to the pandemic, including by limiting the role of law enforcement and military agencies in the response to COVID-19 pandemic;
- To revoke and replace all policies that have a tendency to perpetuate violations of the right to health such as the MoH regulation No. 14/2021 which gives legal basis to the rolling out vaccination to non-vulnerable groups and to appointing the private sector to inoculate vaccines, without a robust and transparent process, and replace it with a policy in accordance to WHO recommendation on COVID-19 vaccination;
- To ensure equity, equality, and accessibility of health services, including vaccine medical services in accordance to the WHO recommendations and based on the public health ethical principles;
- To ensure COVID-19 data transparency and accountability which encompass easy access, integrated, regularly updated information, that accurately reflects the real situation. There is an urgent need to significantly improve the national COVID-19 data gathering and dissemination systems, as data are fundamental to the formulation of pandemic control policies, which are effective, efficient, and on target to suppress the spread of infection in order to protect public health;
- To ensure all impacted communities are not neglected from receiving their right to social assistance. This includes the crucial need to implement the mandate of the Health Quarantine Law which outlines the obligation of the government to provide basic needs for all during the public health crisis. In addition, the government must provide an open access, integrated, real time updated data system for the public to track and monitor the social assistance disbursements to ensure transparency and accountability;
- To strengthen Primary Health Centers (*Puskesmas*)'s strategic role in tracking, testing, self-isolation, patient monitoring, and education to prevent transmission at the community level.

APPENDIX:

**Table of relevant regulation in response to the COVID-19 pandemics in Indonesia -
(Period of the Appendix: 4 February 2020 - April 2021)**

Date of issuance	Regulation Number	Title of Regulation	Issues
04/02/2020	Decree of MoH No. HK.01.07/MENKES/104/2020	Declaration of Novel 2019-nCov as a national pandemic	Declaring Novel 2019-nCov as a Public Health Emergency needing immediate response from the national and local government. The regulation states that all forms of financing in the framework of countermeasures are charged to the budget of the Ministry of Health, local governments, and/or other legitimate sources of funds in accordance with the provisions of the legislation.
29/02/2020	Decree of the Head of the National Agency Disaster Management No. 9.A/2020	Status's Extension of Emergency Disaster Outbreaks of Coronavirus in Indonesia	As a legal basis for deploying <i>BNPB</i> operations and other stakeholders in carrying out the task of dealing with the pandemic, because at that time there was no stipulation of an emergency status by the Regional Head or Head of State. This Decree also creates confusion because the term "Specific Disaster Circumstances" used is not known in the Disaster Management Law or the Health Quarantine Law. ⁶⁶ This regulation has been repealed and extended with the Decree of HoNADM 13.A/2020.
29/02/2020	Decree of the Head of National Agency for Disaster Management No. 13.A/ 2020	Extending the Emergency Status of COVID-19 as a National Disaster	same as above

⁶⁶ See PSHK. (2020), Tata Kelola Tumpang Tindih Penyebab Penanganan Covid-19 Lambat [Overlapping Governance Causes Slow Covid-19 Handling]. Available at: <https://pshk.or.id/publikasi/siaran-pers/tata-kelola-tumpang-tindih-penyebab-penanganan-covid-19-lambat/>

20/03/2020	Presidential Decree (Keppres) No. 9/2020	Task Force for rapid response on COVID-19	Amendments of Presidential Decree No. 7/2020. It consists of the formulation of an ad-hoc institution, the COVID-19 Task Force. The decree nominated many military officers as the members of the COVID-19 Task Force for responding COVID-19 pandemic. They already include Coordinating Maritime Affairs and Investments Minister Luhut Binsar Panjaitan, Religious Affairs Minister Fachrul Rozi and Presidential Chief of Staff Moeldoko — all Army veterans. Head of BNPB, also a former Kopassus leader, must also contend with officials deemed his junior, particularly TNI chief Hadi and Health Minister Terawan Agus Putranto, a military doctor. ⁶⁷
24/03/2020	Chief of Police Telegram Letter No. ST/983/III/OPS.4.5/2020	Directions to <i>BINMAS</i> , <i>SAMAPTA</i> , <i>PAMBOVIT</i> , and <i>POLAIRUD</i> to be actively involved in community enforcement of the COVID-19 public health measures.	Ordering civil armed forces to be involved in enforcing public health measures at the community level. The civilian police (<i>PAM SWAKARSA</i>) was commanded to ensure security and civilised order amongst the civilians during COVID-19 Pandemic. The telegram is being implemented along with another Chief of Police Telegram Letter No. ST.1031/III/OPS.4.3/ 2020 concerning technical implementation of the community public health education measures.
27/03/2020	Regulation of MoH No. 7/2020	Entry of healthcare good through Special Access Scheme (SAS)	Allowing healthcare goods to be imported without regulations so as to ensure that the healthcare goods needed are available immediately.
31/03/2020	Presidential Decree (Keppres) No. 11/2020	Determination of the Coronavirus Disease 2019 as Public Health Emergency	This Decree declared a national public health emergency due to COVID-19. Critics of the decree ⁶⁸ affirm that the determination came too late, as many COVID-19 cases had already been reported.

⁶⁷ See Jakarta Post (2020), In COVID-19 response, can Jokowi avoid military 'star wars'?. Available at: <https://www.thejakartapost.com/news/2020/03/26/in-covid-19-response-can-jokowi-avoid-military-star-wars.html>.

⁶⁸ See Kumparan. (2020), Keppres soal Corona Bencana Nasional Dinilai Telat dan Berpotensi Tumpang Tindih [Presidential Decree regarding Corona National Disaster is considered late and has the potential to overlap]. Available at: <https://kumparan.com/kumparannews/keppres-soal-corona-bencana-nasional-dinilai-telat-dan-berpotensi-tumpang-tindih-1tDcLMlvELY>

31/03/2020	Government Regulation (PP) No. 21/2020	Large-level Social Restrictions	The regulation enables regional governments to restrict the movement of people and goods travelling in and out of the respective local areas, granted by the Ministry of Health (MoH).
31/03/2020	Chief of Police Telegram Letter No. ST.1031 / III / OPS.4.3/2020	Directions to <i>Dirbinmas</i> for Socialization to The Community Related to the Spread of The COVID-19 Virus	It directs the Police Directorate of Community Outreach (<i>Dirbinmas</i>) ranks to give instructions and socialise to the public about the spread of COVID-19 to the public.
03/04/2020	Regulation of MoH No. 9/2020	Guidelines for Large-Scale Social Restrictions to Accelerate the Control of COVID-19	It is the technical guide on the Governmental rules of PSBB. The regulation makes it obligatory for the local government to provide latest COVID-19 epidemiological data as part of the requirements set by the central government for the local areas to enable social restrictions (PSBB)
04/04/2020	Chief of Police Telegram Letter No. ST/1098/IV/HUK/7.1/2020	Guidelines and Directions for Handling Criminal Matters during <i>PSBB</i>	It provides guidelines for the police to adopt flexible and adaptive approaches to handle any forms of criminal cases during the large scale social restrictions (<i>PSBB</i>) including the following: <ul style="list-style-type: none"> - crime during the homecoming/street crime, rioting/looting; - reject/oppose the authorized officer and obstruct the prevention of disease outbreaks; - impede ease of access; and - the crime of a person who does not comply with or obstruct with health quarantine law The guidelines do not envisage any specific penalties fo the offenders.
04/04/2020	Chief of Police Telegram Letter No. ST/1100/IV/HUK/7.1/2020	Guidelines and Directions for Handling Cyber Crime	It regulates directions for handling cybercrime during the COVID-19 pandemics. According to this regulation, insults to the President and government officials count as a form of violation/crime. As such, the Letter has the potential to reduce the critical space for the public to

			express criticism against the government's handling of the pandemics. ⁶⁹
06/04/2020	Decree of MoH No: HK.01.07/Menkes/238/2020	Technical Instructions for Claiming Reimbursement of Treatment Costs for Certain Emerging Infectious Disease Patients for Hospitals that Provide Services for Coronavirus Disease 2019 (COVID-19).	The Instruction is a technical guide on Decision of MoH No. HK.01.07/MENKES/104.202, determining the specific cost of treating COVID-19 is borne by the state. The cost determined is the highest unit, with the criteria divided by suspect/probable/confirmed patients with/without comorbidities. The regulation states that the cost for in-patient hospitalisation is only for a certain type of hospital (class A regional 1 and class 3). Therefore, other costs that are not covered by those certain types of hospitals are not the onus of the government. However, some COVID-19 in-patients were forced to buy certain COVID-19 drugs themselves at high cost. ⁷⁰
07/04/2020	Decree of MoH No: HK.01.07/MENKES/239/2020	Determination of Large-scale Social Restriction in Jakarta Province in Accelerating Handling of Coronavirus Disease 2019 (COVID-19)	The regulation lists Jakarta as the first province to be allowed to impose large-scale social restrictions. The regulation states that the local governments should encourage the citizens to adopt a clean and healthy behaviour (<i>Pola Hidup Bersih dan Sehat</i>) in order to reduce the spread of the virus through state socialisation.
09/04/2020	Regulation of Governor of Jakarta 33/2020	Implementation of the large-scale social restrictions in response COVID-19 in Jakarta province	This regulation contains the implementation of large-scale social restrictions in Jakarta. Restrictions are applied to activities pertaining to business/economy,

⁶⁹ See CNN Indonesia. (2020), Bermasalah, Kapolri Didesak Cabut TR Penghinaan Pejabat [Troubled, National Police Chief Urged to Revoke Police Telegram Insulting Officials]. Available at: <https://www.cnnindonesia.com/nasional/20200406183752-12-490926/bermasalah-kapolri-didesak-cabut-tr-penghinaan-pejabat>

⁷⁰ See IDN Times. (2021), Pasien COVID-19 Mesti Bayar Sendiri Biaya Perawatan, Ini Kata Kemenkes [COVID-19 patients have to pay for their own treatment, what does the Ministry of Health say]. Available at: <https://www.idntimes.com/news/indonesia/dini-suciatiningrum/pasien-covid-19-mesti-bayar-sendiri-biaya-perawatan-ini-kata-kemenkes>

			<p>education (school), spiritual activities, social and cultural activities. The regulation also states some exemptions for other activities, such as government's office, state-owned enterprises which have the role to contain COVID-19, and enterprises giving health goods and services, financial services, logistical services, communication services. The regulation acknowledges the state's obligation to provide social assistance, and the citizens' right to getting healthcare services, including PCR testing.</p> <p>Sanctions, in line with constitutional rules, are applied to those not complying with the regulation, including criminal offences.</p>
13/04/2020	Presidential Decree (Keppres) No. 12/2020	Declaration of non-natural disaster of COVID-19 as the national disaster.	<p>Declaring COVID-19 as an emergency situation, needing immediate response from the COVID-19 Task Force. The task force is required to coordinate with the relevant local and national governments.</p> <p>However, Indonesia has yet to have a legal basis on the formulation of COVID-19 Task Force. According to the Disaster Management Law, and Infectious Diseases Law, the leading sector for national disaster events are the National Disaster Management Agency and the Minister of Health consecutively under the coordinator of the President or Vice President.</p>
24/04/2020	Circular of MoH No. HK.02.01/MENKES/295/2020	Claims for Reimbursement of Care for Patients with Certain Emerging Infectious Diseases for Hospitals Providing Services for Coronavirus Disease 2019 (COVID-19).	<p>It regulates ways in which the citizens could claim the cost of hospitalization with a top up system per day. The fee set is the highest limit that a patient can reimburse to the government. However, the problem occurs because some maintenance costs are not borne by the state. This results in patients still being asked to pay a number of</p>

			treatment costs that are not cheap. ⁷¹
26/06/2020	Circular of Task Force for Rapid Response on COVID-19 No. 9/2020	Amendments to Circular No. 7/2020 concerning the Criteria and Requirements for Travel of People in the Adaptation Period for New Habits Towards a Productive and Safe Society of Coronavirus Disease 2019 (COVID-19)	This regulation contains the criteria and requirements for domestic and international travel and monitoring, control, and evaluation. It is written that the Military Forces and Police Officers (TNI/POLRI) jointly carry out control of human travel and public transportation, carry out health protocol discipline, and enforce the law under applicable laws and regulations.
30/06/2020	Decree of MoH No. HK.01.07/Menkes/2539/2020	Providing Incentives and Compensation for Health Workers Who Deal with Coronavirus Disease 2019 (COVID-19)	The regulation consists of criteria for health facilities or health institutions entitled to receive incentives and death benefits, criteria for health workers who are entitled to receive incentives and death benefits, and disbursement procedures. Those eligible do not include health workers who do not work in the COVID-19 room.

⁷¹ See IDN Times. (2021), Pasien COVID-19 Mesti Bayar Sendiri Biaya Perawatan, Ini Kata Kemenkes [COVID-19 patients have to pay for their own treatment, what does the Ministry of Health say]. Available at: <https://www.idntimes.com/news/indonesia/dini-suciatiningrum/pasien-covid-19-mesti-bayar-sendiri-biaya-perawatan-ini-kata-kemenkes>

13/07/2020	Decree of MoH No: HK.01.07/MENKES/413/2020	Guidelines for the Prevention and Control of Coronavirus Disease 2019 (COVID-19)	<p>The regulation consists of strategies and indicators of prevention, epidemiological surveillance, laboratory diagnosis, clinical management, prevention and control of transmission, risk communication and community empowerment, provision of resources, and essential health services.</p> <p>An analysis of the Guidelines suggests several problematic aspects, which may hinder the effectiveness of the government's response to COVID-19 and the protection of the right to health during the pandemic. Specifically:</p> <ul style="list-style-type: none"> Asymptomatic close contacts are not given an access to PCR test , but only being commanded to do home-quarantine is enough. Stated on the guideline's attachment, Chapter III Epidemiological Surveillance page 51, "Close contact laboratory tests are performed when symptoms are present." This guide resulted in a family transmission and underdetected cases. Asymptomatic patients are discharged without being tested, putting others at risk of being infected.
21/07/2020	Presidential Regulation (Perpres) No. 82/2020	Committee for the Handling of COVID-19 and National Economic Recovery (<i>KPCPEN</i>)	The formulation of the Committee for the Handling of COVID-19 and National Economic Recovery (<i>KPCPEN</i>). The Committee was formed as the state acknowledges that pandemic is not only a health crisis, but is also causing a huge economic crisis. The regulation consists of several policies which specifically address how the national economy could recover in the midst of pandemics
04/08/2020	Presidential Instruction No. 6/2020	Improved Discipline and Law Enforcement of Health Protocols in the Prevention and Control of Coronavirus Disease 2019	Mobilization of Ministries /Agencies, Military Forces /Police Officers (<i>TNI//POLRI</i>) to take steps in accordance with their main duties and functions to ensure legal certainty and strengthen efforts to deal with the pandemic in all regions of Indonesia, including monitoring public compliance with health protocols.

07/10/2020	Decree of MoH No: HK.01.07/Menkes/2539/2020	Providing Incentives and Compensation for Health Workers Handling Coronavirus 2019 (COVID-19)	This regulation contains criteria for health facilities and health workers who are entitled to receive incentives and compensation for death along with procedures for paying incentives and compensation for death, starting from the process of proposal, verification, to disbursement. Those eligible do not include health workers who do not work in the COVID-19 room.
09/10/2020	Decree of Governor of Jakarta 1020/2020	Implementation of the large-scale social restrictions during the transition period to a healthy, safe and productive society.	This regulation is about the implementation of large-scale social restrictions during transition in Jakarta. It extends the period of large-scale social restriction in the transition period from 12 October 2020 - 25 October 2020. It states that when the cases are going up (based on the observation and evaluation of COVID-19 Task Force), the regulation is no longer applied.
06/11/2020	Decree of Governor of Jakarta 1100/2020	Extension of the large-scale social restrictions during the transition period to a healthy, safe and productive society	same as above
12/11/2020	Local Regulation of Jakarta Province 2/2020	Handling of CoronaVirus Disease 2019	This regulation is a complete legal product in handling pandemics in DKI Jakarta, which includes safeguards, outreach and partnerships. Sanctions applied to non-compliances, local governments potentially to generate excess power.
30/11/2020	Circular of Ministry of Religion 23/2020	Guidelines For Worship and Christmas Activities in the Pandemic CoronaVirus Disease 19	This circular aims to provide technical guidelines for the technical implementation of worship and Christmas celebrations. It states the responsibilities of the religious institutions to uphold health protocols during the gathering, signalling that gathering is still allowed, and also the visitor's obligation to keep complying to the health protocols.

03/12/2020	Decree of MoH No. 01.07/MENKES/9860/2020	Determination of Vaccine Types for the Implementation of Coronavirus Disease 2019 (COVID-19) Vaccination	This regulation regulates the determination of the type of COVID-19 vaccine used in Indonesia and the criteria. In addition, this regulation gives the minister of health the authority to change the type of vaccine according to the recommendations of the National Immunization Expert Advisory Committee and KPCPEN's considerations. This regulation also regulates vaccination by the private sector and the distribution of its procurement.
19/12/2020	Circular of COVID-19 Handling Task Force No. 3/2020	Health Protocol for People's Travel during the Christmas Holidays and Welcoming the New Year 2021 during the COVID-19 Pandemic	This regulation contains the protocol, monitoring, control, and evaluation of people's travel during the Christmas and New Year holidays. It is stated that the Military Forces and Police Officers (TNI/POLRI) have the right to stop and prohibit people's travel, jointly carry out health protocol discipline, and enforce the law under applicable laws and regulations.
28/12/2020	Decree of MoH No: HK.01.07/Menkes/12757/2020	Determination of Targets for the Implementation of Coronavirus Disease 2019 (COVID-19) Vaccination	This decree regulates targets for the implementation of the Corona Virus Disease 2019 (COVID-19) Vaccination with the names as contained in the Information System for the CoronaVirus Disease 2019 (COVID-19) Vaccination Data. The target is the community of priority groups receiving the COVID-19 vaccine in accordance with the provisions of the legislation.
28/12/2020	Circular of COVID-19 Handling Task Force No. 4/2020	Travel Health Protocol during the Coronavirus Disease 2019 (COVID-19) Pandemic	This regulation contains a protocol, monitoring, controlling, and evaluating specifically for people traveling from abroad. It is written that the Military Forces and Police Officers (TNI/POLRI) have the right to stop and prohibit people's travel, jointly carry out health protocol discipline, and enforce the law under applicable laws and regulations.
14/01/2021	Circular of COVID-19 Handling Task Force No. 2/2021	International Travel Health Protocol During the 2019 Coronavirus Disease (COVID-19) Pandemic	This regulation was made to prevent an increase in the COVID-19's transmission, including the SARS-CoV-2 B117 variant and the potential for new virus variants. It is written that the Military Forces and Police Officers (TNI/POLRI) have the right to stop and prohibit people's travel, jointly carry out health protocol discipline, and enforce the law under

			applicable laws and regulations.
26/01/2021	Circular of COVID-19 Handling Task Force No. 5/2021	Extension of Travel Provisions for Domestic People during the Coronavirus Disease 2019 (COVID-19) Pandemic	This regulation contains a protocol, monitoring, controlling, and evaluating specifically for domestic travels. It is written that the Military Forces and Police Officers (<i>TNI/POLRI</i>) have the right to stop and prohibit people's travel, jointly carry out health protocol disciplines, and enforce the law under applicable laws and regulations. Fraudulent medical results of the antigen or RT-PCR test will be subject to sanctions.
26/01/2021	Circular of COVID-19 Handling Task Force No. 6/2021	International Travel Health Protocol During the 2019 Coronavirus Disease (COVID-19) Pandemic	This regulation was made to prevent an increase in the COVID-19's transmission, including the SARS-CoV-2 B117 variant and the potential for new virus variants. It is written that the Military Forces and Police Officers (<i>TNI/POLRI</i>) have the right to stop and prohibit people's travel, jointly carry out health protocol discipline, and enforce the law under applicable laws and regulations.
01/02/2021	Decree No. S-65/MK.02/2021	Application for Extension of Monthly Incentive Payments and Death Compensation for Health Workers and Participants of <i>PPDS</i> (Specialist Doctor Education Program) Handling COVID-19	The discourse of reducing the value of incentives for health workers is considered inappropriate, especially amid a surge in positive cases of COVID-19. This discourse further discriminates against and reduces protection for health workers and does not respect health workers. ⁷²

⁷² This letter was a request from the Ministry of Finance, which then received criticism from the public so that it was not applied/withdrawn.

09/02/2021	Circular of COVID-19 Handling Task Force No. 7/2021	Extension of Travel Provisions for Domestic People during the Coronavirus Disease 2019 (COVID-19) Pandemic	<p>This regulation contains a protocol, monitoring, controlling, and evaluating specifically for domestic travels.</p> <p>It is written that the Military Forces and Police Officers (<i>TNI/POLRI</i>) have the right to stop and prohibit people's travel, jointly carry out health protocol discipline, and enforce the law under applicable laws and regulations. Falsification of the antigen or RT-PCR test results will be subject to sanctions.</p>
09/02/2021	Circular of COVID-19 Handling Task Force No. 8/2021	International Travel Health Protocol During the 2019 Coronavirus Disease (COVID-19) Pandemic	<p>This regulation was made to prevent an increase in the COVID-19's transmission, including the SARS-CoV-2 B117, D614G, P1 variants, and the potential for new virus variants. It is written that the Military Forces and Police Officers (<i>TNI/POLRI</i>) have the right to stop and prohibit people's travel, jointly carry out health protocol discipline, and enforce the law under applicable laws and regulations.</p>
10/02/2021	Presidential regulation (Perpres) No. 14/ 2021	Procurement of vaccines and conducting vaccination in an attempt to handle COVID-19 pandemics	<p>Amendments on President regulation no. 99/2021. The regulation allows the privatisation of vaccines by the corporates through direct procurement.</p>
12/02/2021	Circular of COVID-19 Handling Task Force No. 9/2021	Provisions for the Establishment of a Command Post for the Management of CoronaVirus Disease 2019 (COVID-19)	<p>This circular contains the establishment of a command post at the district (<i>Posko</i>) in which there are various kinds of community leaders to handle the pandemic, including the military.</p>

25/02/2021	Regulation of MoH No. 10/2021	Vaccination in the Response to the COVID-19 Pandemic	This regulation defines Covid-19 vaccination needs' plan, criteria and priorities for vaccine recipients, distribution of covid-19 vaccines, implementation of covid-19 vaccination services, vaccine cooperation, monitoring and control of AEFIs, communication strategies, recording and reporting, funding, guidance and supervision, and technical instructions for the Covid-19 vaccination. The regulation allows the private sector to roll out vaccination to their family members and employees.
26/03/2021	Circular of COVID-19 Handling Task Force 12/2021	Travel Provisions for Domestic People During the CoronaVirus Disease 2019 Pandemic	This regulation contains provisions regarding the health protocol obligations for Domestic Travel.
01/04/2021	Circular of the Minister of Transportation No. 24, 25, 26, 27/2021	Guidelines for People's Travel during the Coronavirus Disease 2019 (COVID-19) Pandemic Period	<ul style="list-style-type: none"> - Circular No. 24 for Land Transportation - Circular No. 25 for Sea Transportation - Circular No. 26 for Air Transportation - Circular No. 27 for Rail Transportation <p>GeNose test results as of April 1, 2021 can be used for travel, including air, sea, land and rail transportation.</p>



LaporCovid-19

LaporCovid-19 membangun sebuah kanal laporan warga (citizen reporting platform) yang digunakan sebagai tempat berbagi informasi mengenai kejadian terkait COVID-19 yang ditemukan oleh warga, namun selama ini luput dari jangkauan pemerintah.

Menggunakan pendekatan crowdsourcing yang melibatkan partisipasi warga untuk turut terlibat dalam pencatatan angka COVID-19 dan pelaporan isu seputar COVID-19 di sekitarnya, menjadi jembatan pencatatan angka kejadian COVID-19 di tanah air. LaporCovid-19 menjadi wadah untuk membantu pemerintah dan warga lain untuk mengetahui sebaran dan serta magnitudo COVID-19 di Indonesia. Data yang terkumpul di kanal LaporCovid-19 menjadi masukan bagi pemerintah untuk merumuskan kebijakan dan langkah penanganan COVID-19 yang berdasarkan data di lapangan.

Harm Reduction International

LSM terkemuka yang berdedikasi untuk mengurangi dampak negatif terhadap kesehatan, sosial dan hukum dari penggunaan narkoba dan kebijakan narkoba. Kami mempromosikan hak-hak orang yang menggunakan narkoba dan komunitasnya melalui penelitian dan advokasi untuk membantu mencapai dunia di mana kebijakan dan undang-undang narkoba berkontribusi pada masyarakat yang lebih sehat dan lebih aman.

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