

## Constitutional Protection Of Citizens In Health Sector (Study of Policies for Handling the Spread of Covid-19 in Indonesia)

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### Abstract

*Health is a human right, so it is the state's obligation to fulfill it. The 1945 Constitution of the Republic of Indonesia and Act No. 36 of 2009 concerning Health have provided health insurance for every citizen. Currently, there is a COVID-19 pandemic that has hit countries in the world, including Indonesia. Various policies have been taken to overcome the spread of the Covid-19 virus. Indonesia already has Act No. 4 of 1984 concerning Outbreaks of Infectious Diseases, and Act No. 6 of 2018 concerning Health Quarantine. The government has issued policies to prevent the spread of COVID-19, namely the Large-Scale Social Restriction (PSBB) and the Enforcement of Community Activity Restrictions (PPKM). But in reality, the spread of the Covid-19 virus has not been resolved, even more people are infected, not even a few have died. Therefore, legal awareness of the community and law enforcement is needed to be able to implement policies so that the spread of the Covid-29 virus ends soon.*

**Keywords:** *Constitutional; Protection; Health; Covid-19.*

### 1. Introduction

Health is a very valuable asset in a person's self. Everyone will always take care of their health in any way, if someone is sick or afflicted with an illness, of course he will try his best to be able to treat the disease he suffers until he is cured.

Health is also one that determines the quality of a nation. It is undeniable that health is the biggest capital to achieve the welfare of a nation. Excellent health care is actually an investment, because strong human resources will be obtained. Therefore, every country will try to be able to provide health insurance for every citizen, Indonesia is no exception. The reality is that the Indonesian people still face many problems in obtaining health services, especially among the poor who have difficulty accessing health services.<sup>1</sup>

The 1945 Constitution of the Republic of Indonesia in Article 1 paragraph (3) stipulates that the state of Indonesia is a state of law. The concept of a state of law adopted by Indonesia is not a formal legal state where the function of the state is only to maintain public order, but is a material law state, and has even developed into a welfare state. In the concept of a welfare state, the state has a responsibility not only to

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<sup>1</sup>Hernadi Affandi, Implementasi Hak atas Kesehatan Menurut Undang-Undang Dasar 1945: antara Pengaturan dan Realisasi Tanggung Jawab Negara, Jurnal Hukum POSITUM Vol. 4, No. 1,, June 2019, p. 38

maintain order, but also to create welfare for its people. For this reason, the state intervenes in all the affairs of its citizens, from birth to death.

One of the aspects of citizens' lives that the state interferes with is health. In the life of the state, health is one of the human rights. Health is very important for the state, because if there is a health problem for citizens, it will cause harm to the country itself, both economic and social losses. On the other hand, every effort by the state to improve the health status of its citizens is an investment for the state. Therefore, the country's development program must also include a development program for health.

The quality of a good citizen's health will affect the quality of a country. In addition to health, of course, it must also be accompanied by quality education and quality of democracy in order to become a healthy, educated, and strong nation. To create a healthy nation, an educated nation, and a strong nation, the founders of the Indonesian state have formulated national goals as stated in the 4th Paragraph of the Preamble to the 1945 Constitution of the Republic of Indonesia, namely to protect the entire Indonesian nation and the entire nation. Indonesia's bloodshed, promote public welfare, educate the nation's life and participate in carrying out world order based on independence, eternal peace and social justice. To achieve the national goals that have been formulated, sustainable development efforts are carried out, which is a series of comprehensive development directed and integrated. All development programs and policies that are made must lead to national goals, including development and policies in the health sector. Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the Preamble to the 1945 Constitution of the Republic of Indonesia.

The Indonesian nation and other nations are experiencing a test with the COVID-19 pandemic that has hit the world for more than a year. Various policies have been issued by the government to prevent the spread of COVID-19. However, as of today, there is no sign of when the COVID-19 pandemic will end. In fact, the spread is getting more massive and has claimed many victims, and the number of victims who have died due to contracting the COVID-19 virus is increasing. Based on the description above, the problem that will be discussed in this paper is how the constitutional protection of citizens in the health sector is in an effort to prevent the spread of covid-19 in Indonesia.

## **2. Result and Discussion**

### **2.1. Protection of Health Sector in Regulation**

The preamble to the 1945 Constitution of the Republic of Indonesia in the fourth paragraph contains the objectives of the Indonesian state, namely to protect the entire Indonesian nation and the entire homeland of Indonesia, promote public welfare, educate the nation's life, and participate in carrying out world order based on independence, eternal peace, and social justice. One of the efforts to protect the entire Indonesian nation and the entire homeland of Indonesia, as well as to promote public welfare is to provide protection in the health sector. What is meant by health is a healthy

condition, physically, mentally, spiritually and socially, which enables everyone to live socially and economically productive lives.<sup>2</sup>

The right to health is one of human rights. Everyone, every citizen has the right to health, and the fulfillment of the right to health is the responsibility of the state, and the fulfillment must be given to every citizen to the fullest. The human right to health is related to the right to an optimal degree of health which is the obligation of the state to fulfill it.<sup>3</sup> According to Udiyo Basuki quoting writings from Endeh Suhartini, the right to optimal health includes two things, namely the right to health care and the right to health protection.<sup>4</sup>

As a follow-up to the 4th Paragraph of the Preamble to the 1945 Constitution of the Republic of Indonesia, it is then translated into articles. Article 28A of the 1945 Constitution of the Republic of Indonesia stipulates that everyone has the right to live and has the right to defend life. Article 28H paragraph (1) that everyone has the right to live in physical and spiritual prosperity, to live, and to have a good and healthy living environment and the right to obtain health services, and Article 34 paragraph (3) that the State is responsible for providing health service facilities and proper public service facilities. And because health insurance is a human right, it is the responsibility of the state to fulfill it.

The provisions of the articles in the 1945 Constitution of the Republic of Indonesia relating to health insurance are then further elaborated into the legislation below. The umbrella law is Act No. 36 of 2009 concerning Health, which is a substitute for the previous law, namely Act No. 23 of 1992. In addition, there are more specific laws relating to Health, including Act No. -Act No. 6 of 2018 concerning Health Quarantine, Act No. 4 of 1984 concerning Outbreaks of Infectious Diseases, and Act No. 36 of 2014 concerning Health Workers. Laws relating to Health are currently often the subject of discussion in various activities or discussions,

In addition, Indonesia has also ratified the International Covenant on Economic, Social, and Cultural Rights as stipulated in Act No. 11 of 2005 concerning International Economic, Social and Cultural Rights), and the International Covenant on Civil and Political Rights which contained in Act No. 12 of 2005 concerning Ratification of the International Covenant on Civil and Political Rights (International Covenant on Civil and Political Rights).<sup>5</sup> Article 12 of the International Covenant on Economic, Social and

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<sup>2</sup> Article 1 point 1 of Act No. 36 of 2009 concerning Health

<sup>3</sup> Titon Slamet Kurnia, *Hak atas Derajat Kesehatan Optimal sebagai HAM di Indonesia*, Alumni, Bandung, 2015, p. 2

<sup>4</sup> Endeh Suhartini et al, *Hukum Kesehatan bagi Tahanan dan Warga Binaan Masyarakat di Indonesia*, (Jakarta: Rajawali Pers, 2019), p..14. in Udiyo Basuki, Menurut Konstitusionalisme Hak Atas Pelayanan Kesehatan Sebagai Hak Asasi Manusia, *Jurnal Caraka Justitia*, Vol. 1 Nomor 01, May 2020 Edition, p. 31

<sup>5</sup> Considerations that Indonesia is a party to these two Covenants: Indonesia is a state of law and since its birth in 1945 has respected human rights. Indonesia's attitude can be seen from the fact that although it was made before the proclamation of the Universal Declaration of Human Rights, the 1945 Constitution of the Republic of Indonesia already contains several very important provisions concerning respect for human rights. These rights include the right of all nations to independence (first paragraph of the Preamble); right to citizenship (Article 26); equal status of all Indonesian citizens in law and government (Article 27 paragraph (1)); the right of Indonesian citizens to work (Article 27 paragraph (2)); the right of

Cultural Rights recognizes human rights, namely the right to the enjoyment of the highest attainable standard of physical and mental health. Part III Article 6 to Article 27 of the International Covenant on Civil and Political Rights stipulates that every human being has the right to life, that this right is protected by law.

The rights of every citizen to obtain protection for health based on Act No. 36 of 2009 concerning Health are:<sup>6</sup>

1. Everyone has the right to health. The right to health includes the right to obtain health services and health service facilities in order to realize the highest degree of health.
2. Equal rights in obtaining access to resources in the health sector.
3. The right to obtain safe, quality, and affordable health services.
4. Have the right to independently and responsibly determine the health services needed for themselves.
5. The right to obtain a healthy environment for the achievement of health status.
6. The right to obtain balanced and responsible health information and education.
7. Has the right to obtain information about his/her health data including actions and treatments that have been or will be received from health workers.

In fulfilling human rights, there will always be side by side with their human obligations. Likewise in the health sector, apart from rights that can be demanded by citizens, there are also obligations that must be implemented. Act No. 36 of 2009 concerning Health provides obligations to every citizen:<sup>7</sup>

1. The obligation to participate in realizing, maintaining, and improving the highest degree of public health,
2. Obligated to respect the rights of others in an effort to obtain a healthy environment, both physically, biologically and socially healthy
3. Obligated to behave in a healthy life to realize, maintain, and promote the highest health
4. Everyone is obliged to maintain and improve the health status of others who are their responsibility
5. Everyone is obliged to participate in the social health insurance program.

Human rights in the health sector are the responsibility of the state to fulfill them. The state's responsibility in the health sector is regulated in Act No. 36 of 2009 concerning Health which includes:<sup>8</sup>

1. Planning, regulating, organizing, fostering, and supervising the implementation of health efforts that are equitable and affordable by the community
2. Availability of the environment, arrangement, health facilities, both physical and social for the community to achieve the highest degree of health
3. Availability of resources in the health sector that is fair and equitable for the entire community to obtain the highest degree of health.

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every Indonesian citizen to a decent life for humanity (Article 27 paragraph (2); the right of association and assembly for every citizen (Article 28);

<sup>6</sup> Article 4 to Article 8 of Act No. 36 of 2009 concerning Health

<sup>7</sup> Ibid. Article 9 to Article 13

<sup>8</sup> Ibid. Article 14 to Article 20

4. Availability of access to information, education, and health service facilities to improve and maintain the highest degree of health.
5. Empower and encourage the active role of the community in all forms of health efforts.
6. The availability of all forms of quality, safe, efficient, and affordable health efforts.
7. The state is responsible for the implementation of public health insurance through the national social security system for individual health efforts.

Regarding the National Health Insurance (JKN), the regulation is ambiguous, whether JKN is an obligation for the community or is the responsibility of the government. This is because on the one hand, everyone is required to participate in the national health insurance program, but on the other hand, the national health insurance is the responsibility of the government in the context of implementing public health insurance. If it is the responsibility of the government, then the national health insurance is the government's effort to protect the small community who have been having difficulty getting health services,<sup>9</sup> so it should be a right for every citizen, not an obligation.

Act No. 36 of 2009 concerning Health which is currently in effect changes the perspective or paradigm of health services. The previous law, namely Act No. 23 of 1992 concerning Health, used the sick paradigm, meaning that health was only seen as an effort to heal the sick. This sick paradigm must be changed, because health issues are the main factor and a very valuable investment. Therefore, Act No. 36 Of 2009 changes the sick paradigm to a healthy paradigm, namely that health efforts are actions to maintain and improve the status of individuals or communities in the health sector. A healthy society is not seen from the point of view of curing disease, but is a continuous effort in maintaining and improving its health status. To improve health status, a healthy living culture is needed. Efforts made to realize a healthy paradigm and a healthy living culture are promotive efforts,<sup>10</sup> preventive,<sup>11</sup> curative,<sup>12</sup> and rehabilitative<sup>13</sup> comprehensive, integrated and sustainable.

Efforts to provide health care are influenced by socio-cultural environmental factors, including the dynamic and complex economic, physical and biological environment. Realizing how widespread this is, the government, through the national health system, seeks to provide comprehensive, integrated, equitable, and acceptable

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<sup>9</sup> Mikho Ardinata, Tanggung Jawab Negara Terhadap Jaminan Kesehatan Dalam Perspektif Hak Asasi Manusia (*State Responsibilities Of Health Guarantee In The Perspective Of Human Rights*), Jurnal HAM, Volume 11, Number 2, August 2020, p. 321

<sup>10</sup> Promotive health service is an activity and/or a series of health service activities that prioritize activities of a health promotion nature (Article 1 point 12 of Act No. 36 of 2009)

<sup>11</sup> Preventive health service is an activity to prevent a health problem/disease. (Article 1 point 13 of Act No. 36 of 2009)

<sup>12</sup> Curative health service is an activity and/or a series of treatment activities aimed at curing disease, reducing suffering due to disease, controlling disease, or controlling disability so that the quality of the patient can be improved, awake as much as possible. (Article 1 point 14 of Act No. 36 of 2009)

<sup>13</sup> Rehabilitative health services are activities and/or a series of activities to return former sufferers to the community so that they can function again as community members who are useful for themselves and the community as much as possible, according to his abilities. (Article 1 point 15 of Act No. 36 of 2009)

health and is affordable by all levels of society at large, in order to achieve optimal health status.<sup>14</sup>

In addition to the Law on Health, to provide health protection guarantees to citizens, Act No. 4 of 1984 on Communicable Disease Outbreaks has also been established. An infectious disease outbreak is an outbreak of an infectious disease in a community whose number of sufferers has significantly increased beyond the usual situation at a certain time and area and can cause havoc. The purpose of the enactment of the Law on Outbreaks of Infectious Diseases is to protect the population from the calamities caused by the epidemic as early as possible, in order to improve the people's ability to live a healthy life.

As is currently happening to countries in the world due to the COVID-19 pandemic, including Indonesia. The outbreak of the COVID-19 virus is no longer an epidemic or an epidemic, but a pandemic. Because if the epidemic is small in scale, but the number of sufferers increases tremendously. For example, pneumonia that occurred in China's Wuhan Market (only in Wuhan Market), but the number of sufferers increased significantly. In the case of an epidemic, the scale is larger and spreads over a wide geographic area. For example, the outbreak that occurred in Wuhan then spread throughout China, so that the outbreak developed into an epidemic. And what is currently happening is a pandemic, namely an epidemic which then spreads in several regions of the country in the world. So this pandemic is international in scale and out of control.<sup>15</sup>

It is the responsibility of the Government to tackle epidemics, epidemics and pandemics. In Act No. 4 of 1984 concerning Outbreaks of Infectious Diseases, it gives responsibility and mandates to the Government to carry out efforts to control the epidemic. Efforts to control the epidemic are carried out by:

1. Epidemiological investigations, namely conducting investigations to identify the nature of the causes and factors that can influence the emergence of outbreaks.
2. Examination, treatment, care, and isolation of patients. Including quarantine measures are actions taken against patients with the aim of: providing medical assistance to patients to recover and preventing them from becoming a source of transmission; and finding and treating people who appear to be healthy, but contain disease-causing agents that can potentially transmit disease ("carriers").
3. Prevention and immunity are measures taken to provide protection to people who are not yet sick, but have a risk of contracting the disease.
4. Elimination of the cause of the disease. What is meant by the cause of disease is the germ of the disease, namely bacteria, viruses, and others that cause disease.
5. Handling of corpses due to epidemics if their deaths are caused by diseases that cause epidemics or the bodies are sources of diseases that can cause epidemics must be carried out specifically according to the type of disease without leaving religious norms and human dignity.

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<sup>14</sup> Rif'atul Hidayat, Hak atas Derajat Pelayanan Kesehatan yang Optimal, *SYARIAH Jurnal Hukum dan Pemikiran*, Volume 16, Nomor 2, December 2016, p. 128

<sup>15</sup> <https://theconversation.com/apa-bedanya-pandemi-epidemi-dan-wabah-133491>



6. Counseling to the public is a persuasive educative communication activity about diseases that can cause outbreaks so that they understand the nature of the disease, so that they can protect themselves from the disease and if exposed, do not spread it to others. Apart from that, counseling is carried out so that the community can participate actively in tackling the outbreak.
7. Other countermeasures are actions taken in the context of controlling outbreaks, namely that for each disease, special measures are taken.

Efforts to control infectious disease outbreaks have two main objectives, namely:

1. Trying to reduce the death rate from the epidemic with treatment.
2. Limit the transmission and spread of disease so that the number of sufferers does not increase, and the epidemic does not spread to other areas.

Efforts to control an outbreak in an outbreak area must be carried out by taking into account the conditions of the local community, including: religion, customs, habits, education level, socioeconomic, and community development.

Another regulation that currently exists is Act No. 6 of 2018 concerning Health Quarantine. One of the reasons for the enactment of this law is that advances in transportation technology and the era of free trade can risk causing health problems and new or old diseases that re-emerge with a faster spread and have the potential to cause public health emergencies, thus demanding efforts to prevent disease and health risk factors that are comprehensive and coordinated, and require resources, community participation, and international cooperation.

Health Quarantine is an effort to prevent and prevent the entry or exit of diseases and/or public health risk factors that have the potential to cause public health emergencies.<sup>16</sup> The purpose of holding a health quarantine is to:<sup>17</sup> protect the public from diseases and/or Public Health Risk Factors that have the potential to cause a Public Health Emergency,<sup>18</sup> prevent and ward off diseases and/or Public Health Risk Factors that have the potential to cause Public Health Emergencies, increase national resilience in the field of public health,<sup>19</sup> and provide legal protection and certainty for the public and health workers.

Responsibilities for administering health quarantine at the Entrance<sup>20</sup> and in the region in an integrated manner with the Central Government, and may involve the Regional Government. The Central Government and Regional Governments are responsible for the availability of the necessary resources in the implementation of Health Quarantine.

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<sup>16</sup> Article 1 point 1 of Act No. 6 of 2018 concerning Health Quarantine

<sup>17</sup> Ibid. Article 3

<sup>18</sup> Public Health Emergency is an extraordinary public health event marked by the spread of infectious diseases and/or events caused by nuclear radiation, biological pollution, chemical contamination, bioterrorism, and food that poses a health hazard and has the potential to spread across regions or across countries. (Article 1 point 2 of Act No. 6 of 2018 concerning Health Quarantine)

<sup>19</sup> National resilience in the field of public health is the ability to prevent the Central Government and Local Government together with the community in facing health problems and controlling Public Health Risk Factors, both from within and outside the country.

<sup>20</sup> Entrance is a place for entry and exit of transportation means, people, and/or goods, whether in the form of ports, airports, or state land border crossing posts. (Article 1 point 3 of Act No. 6 of 2018 concerning Health Quarantine)

The Health Quarantine Act gives the right to everyone to get the same treatment in the implementation of Health Quarantine and to obtain basic health services in accordance with medical needs, food needs, and other daily life needs during Quarantine.<sup>21</sup>

The current COVID-19 pandemic requires government policies to overcome it. Indonesia confirmed the first positive case of Covid-19 on March 2, 2020 with the discovery of two cases. To prevent the spread of the Covid-19 virus, the Government has issued policies including:

#### **a. Large-Scale Social Restrictions (PSBB)**

This PSBB policy is contained in Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating Handling of Corona Virus Disease 2019 (Covid-19) which was issued on March 31, 2020. This Government Regulation was formed due to the spread of the Covid-19 virus with the number of cases and/or the number of deaths has increased and spread across regions and across countries and has an impact on the political, economic, social, cultural, defense and security aspects, as well as the welfare of the people in Indonesia. Policy PSBB includes holidays from schools and workplaces, restrictions on religious activities, as well as restrictions on activities in public places or facilities.

In order to recommend an area with PSBB or not, the minister must form a team that conducts epidemiological, political, economic, socio-cultural, religious, defense and security studies. The study team must also coordinate with the Task Force for the Acceleration of Handling Covid-19. After that, the study team was also tasked with providing recommendations to the Minister of Health.

#### **b. State Financial Policy and Financial System Stability for Handling the Covid-19 Pandemic**

This policy is contained in Government Regulation in Lieu of Act No. 1 of 2020 which was later approved by the DPR to become Act No. 2 of 2020 concerning Stipulation of Government Regulation in Lieu of Act No. 1 of 2020 concerning State Financial Policy and Financial System Stability for Handling the 2019 Corona Virus Disease (Covid-19) Pandemic and/or In Facing Threats That Endanger the National Economy and/or Financial System Stability becomes law -Invite. The reason for the issuance of this policy is that the implications of the Corona Virus Disease 2019 (Covid-19) pandemic have affected, among others, a slowdown in national economic growth, a decrease in state revenues, and an increase in state spending and financing, so that

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<sup>21</sup> Quarantine is the limitation of activities and/or separation of a person who is exposed to an infectious disease as stipulated in the legislation even though he has not shown any symptoms or is in the incubation period, and/or the separation of containers, Transport Equipment, or any Goods suspected of being contaminated from people and/or or Goods that contain disease-causing or other sources of contamination to prevent possible spread to people and/or goods in the vicinity. (Article 1 point 6 of Act No. 6 of 2018 concerning Health Quarantine)



various Government efforts are needed to save health and the national economy. , with a focus on spending on health, social safety.

### **c. Implementation of Community Activity Restrictions (PPKM)**

Currently, the policy made by the government to stem the spread of the COVID-19 virus is the PPKM Emergency policy. This policy has been in effect since January 2021 (the first phase is for the period 11-25 January 2021 which is then extended for 2 weeks, from 26 January to 8 February 2021).<sup>22</sup>

The PPKM Emergency policy to date has undergone several changes, because it turns out that the spread of COVID-19 is still ongoing. The PPKM Emergency policy which was previously stated in the Instruction of the Minister of Home Affairs Number 15 of 2021 dated July 3, 2021 was then revised with the Instruction of the Minister of Home Affairs Number 18 of 2021, and finally the Instruction of the Minister of Home Affairs Number 19 of 2021 concerning the Third Amendment to the Instruction of the Minister of Home Affairs Number 15 2021 concerning the Implementation of Restrictions on Emergency Community Activities for Corona Virus Disease 2019 in the Java and Bali Regions.

Emergency PPKM policies include:

- a. The implementation of teaching and learning activities is carried out online;
- b. The implementation of activities in the non-essential sector applies 100% work from home (WFH);
- c. Implementation of activities in the sector:
  - 1) Essential services such as finance and banking, capital markets, payment systems, information and communication technology, non-covid-19 quarantine handling hotels, export-oriented industries are enforced by 50% of maximum work from office (WFO) staff with strict health protocols;
  - 2) Essential in the government sector that provides public services that cannot be delayed, the implementation is imposed by a maximum of 25% of WFO staff with strict health protocols;
  - 3) Critical issues such as energy, health, security, logistics and transportation, food and beverage industry and its supports, petrochemicals, cement, national vital objects, disaster management, national strategic projects, construction, basic utilities (electricity and water), as well as industries meeting the basic needs of the community. 100% of WFO staff are applied daily with strict health protocols;
  - 4) For supermarkets, traditional markets, grocery stores and supermarkets selling daily necessities, operating hours are limited to 20.00 local time with a capacity of 50% of visitors; and
  - 5) Pharmacies and drug stores can be open 24 hours,
- d. The implementation of eating/drinking activities in public places (restaurants, restaurants, cafes, street vendors, hawker stalls) both those located in separate locations and those located in shopping centers/malls only accept delivery/take away and do not accept meals on the spot (dine -in);

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<sup>22</sup> <https://setkab.go.id/government-perpanjang-policy-ppkm-Sampai-8-februari-2020/>

- e. Activities at shopping centers/malls/trading centers are temporarily closed unless access to restaurants, supermarkets, and supermarkets can be allowed by observing the provisions in points c and d;
- f. Implementation of construction activities (construction sites and project sites) operates 100% by implementing stricter health protocols;
- g. Places of worship (mosques, prayer rooms, churches, temples, temples and pagodas and other places that function as places of worship) do not carry out congregational worship/religious activities during the implementation of emergency PPKM and optimize the implementation of worship at home;
- h. Public facilities (public areas, public parks, public tourist attractions and other public areas) are temporarily closed;
- i. Arts, culture, sports and social activities (locations of arts, culture, sports facilities and social activities that can cause crowds and crowds) are temporarily closed;
- j. Public transportation (public transportation, mass transportation, taxis (conventional and online) and rental/rental vehicles) is enforced with a maximum capacity setting of 70% by implementing stricter health protocols;
- k. The implementation of the wedding reception is abolished during the implementation of the emergency PPKM;
- l. Domestic travelers using private cars, motorbikes and long-distance public transportation (airplanes, buses, ships and trains) must:
  - 1) Show a vaccine card (at least the first dose of vaccination);
  - 2) Showing h-2 pcr for aircraft and antigen (h-1) for private cars, motorcycles, buses, trains and ships transportation modes;
  - 3) The provisions as referred to in number 1) and number 2) only apply to arrivals and departures from and to Java and Bali and do not apply to transportation within the agglomeration area for example for the Jabodetabek area; and
  - 4) For drivers of logistics vehicles and other goods transportation are excluded from the provisions of having a vaccine card.
- m. Continue to wear masks correctly and consistently when carrying out activities outside the home and are not allowed to use face shields without wearing a mask; and
- n. The implementation of the PPKM micro in the rt/rw of the red zone remains in effect.

From various reports in the media, both television, print media, and social media, it is seen that there are still many people who violate the Emergency PPKM rules. Law enforcement against violators varies. This violation can hinder efforts to prevent the spread of the COVID-19 virus. For the success of preventing the spread of Covid-19, the various policies contained in the Legislation, ranging from Laws, Government Regulations, to the Instructions of the Minister of Home Affairs must be obeyed by the community, and law enforcement against any violations must also be carried out maximally. Legal awareness is needed from all parties so that this covid-29 pandemic ends soon.

### 3. Conclusion

From the description above it can be concluded that: 1) Health is a human right, and the fulfillment of the right to health is a responsibility carried out by the state, and its fulfillment must be given to every citizen to the fullest. 2) Health protection guarantees for citizens have been stated in the 1945 Constitution of the Republic of Indonesia and Act No. 36 of 2009 concerning Health has been established. 3) In connection with the occurrence of the Covid-19 Pandemic, to anticipate its spread there is already a legal basis, namely Act No. 4 of 1984 concerning Outbreaks of Infectious Diseases and Act No. 6 of 2018 concerning Health Quarantine. Technically, to prevent its spread and to deal with those who have contracted the COVID-19 virus, various regulations have been established including Act No. 2 of 2020 concerning Stipulation of Government Regulations in Lieu of Act No. 1 of 2020 concerning State Financial Policy and Financial System Stability for Handling the Corona Virus Disease 2019 (Covid-19) Pandemic and/or In Facing Threats That Endanger the National Economy and/or Financial System Stability into Law, and Instructions of the Minister of Home Affairs Number 19 of 2021 concerning the Third Amendment to the Instruction of the Minister of Home Affairs Number 15 of 2021 concerning the Enforcement of Restrictions on Emergency Community Activities for Corona Virus Disease 2019 in the Java and Bali Regions, and 4) Policies in order to overcome the spread of Covid-19 are Large-Scale Social Restrictions (PSBB) and the Enforcement of Restrictions on Community Activities (PPKM). Community legal awareness and firmness in law enforcement in implementing these various policies are needed so that the spread of COVID-19 can be resolved immediately.

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**Regulation:**

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- [2] Act No. 4 of 1984 concerning Outbreaks of Infectious Diseases
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- [1] [https://setkab.go.id/government-perpanjang-policy-ppkm- Sampai-8-februari-2020](https://setkab.go.id/government-perpanjang-policy-ppkm-Sampai-8-februari-2020)
- [2] <https://theconversation.com/apa-bedanya-pandemi-epidemi-dan-wabah-133491>