

Public Health and Fiscal Perspective: Indonesia Response Towards COVID19

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Abstract—The pandemic has been affected in human's life and changed the way people life. The COVID-19 cases are still arising in all over the world. Every country put their best efforts to tackle the pandemic for health recovering. However, the pandemic has been engulfed for about six months, so the issues are not about health recovery but also social and economy aspects. As the health recovery protocol of COVID-19. One of the protocols stated that we all need to make physical distancing and have a very good cleanliness. Those things are quite new in individual life today, it caused the usual business process unable to work well. Income receiving is the main problem for living the life, not all levels of society can afford it. Especially for countries which are having hundreds of million population and processing to build the public health facilities, such as Indonesia. In this point, Social Health and Fiscal aspects are needed to have a good collaborative, those two are behalf of the country's responsibility to strengthen the state sovereignty. In this paper, we would like to discuss more in what Indonesia has been done in social health and fiscal recovery, the gap founded and the solution for better nation. Social Health theory and Fundamental Fiscal Theory – Function of Fiscal would be the major theory used in this paper. The research would be conducted in qualitative descriptive method.

Keywords—public health policy, fiscal policy, covid-19

I. INTRODUCTION

COVID 19 had been started to spread on China since December 2019 and it continued spread around the world. Indonesia had been detected in March 2020. In the beginning of the issue, people needed time to understand what and how it was. Once, the virus infected on of the Indonesian people then it started to believe and need a specific treatment in public health aspects. The specific treatment in public health aspects is called as health protocol and public health intervention. Those two steps are needed to reduce the virus. On the health

protocol aspect, washing hands, using mask and physical distancing are required for them who living the life today. It needs a discipline and continues action to do the health protocol however not many people would do in right way. That is why many people got COVID 19 infections. Once an individual got infections, it should be tracked by the healthcare or ad hock team to understand where the virus was infected and how to cure and end up the virus chain in the specific environment. This next step is called as public health intervention.

On the public health intervention, there are three types such as testing, tracking close contact and treatment. Testing will be given for them who has suspect or non-suspect to test the real health condition by using SWAB as a diagnostic test. After that is called as tracking the close contact to look for the evidence place and person who are infected. The last is called as a treatment- isolation and hospitalization. The public health intervention needs to check the flow and effect because of the COVID 19 infections. Real-Time Polymerase Chain Reaction (RT-PCR) test, according to WHO recommendations. WHO (per January 25, 2021) issued news that Indonesia has 989.262 cumulative total cases, 11.788 newly reported in the last 24 hours reported, 27.835 cumulative total deaths, 171 newly in the last 24 hours deaths, and in majority it caused of the community transmission? [1]. This news means that the rate transmission still on high percentage thus the health procedures and public health intervention remind important to implement in Indonesia (figure 1).

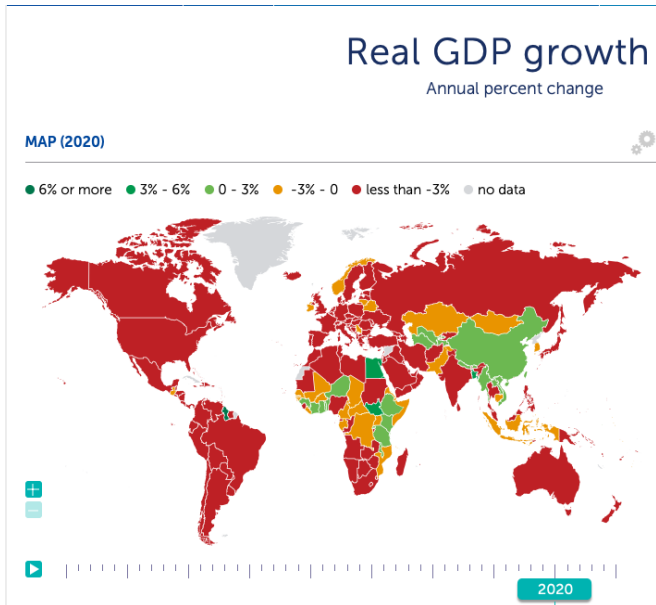


Fig. 1. The Real GDP Growth annual percent change, source: International Monetary Fund [2].

In Majority, many countries had red color- means the GDP Riil was in minus rate. Indonesia was on orange color means that the GDP Riil is on the -1.5%. It shows that Indonesia has affected by COVID19 but still in good condition. Indonesia implemented national restriction since March 16- Mei 2020 due to minimalize COVID 19 spreading, and then local restriction implemented periodically in some areas on different time in 2020. During the restrictions, the economy activities cannot be done smoothly, because the productions and labors cannot do as a usual business. The usual business required a physical meeting and become hard whenever the physical distancing implemented. For the business aspects who are in the potential losers has extra effort to balance between income and expense. Many expenses should be charged in uncertainty income. The further information can be seen in the figure 2 below:

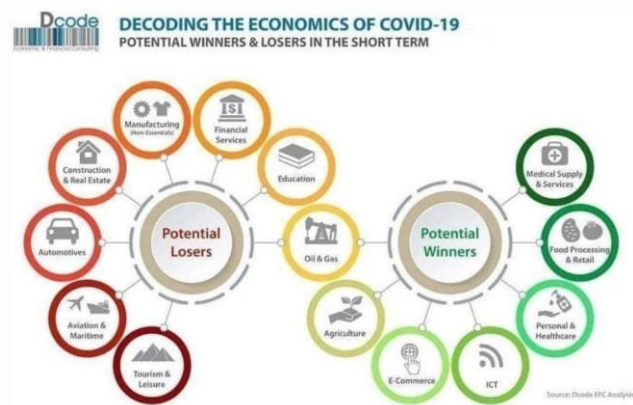


Fig. 2. Decoding the economics of COVID-19, source: Dcode [3].

The economy affected also implemented in Indonesia, 8.76% not in operations, 5.45% using Work From Home as an employee, 2.05% work from home for all of employees, 24,31% decrease the working capacity (employee, duration, and machine), 0.49% still on business as usual and over capacity, 58,95% in business as a usual. In general, there are 6 of 10 companies are working business as a usual [4]. Other information is coming from the top five highest COVID19 Cases Province, East java has 58.20% percentages which implements business as a usual, Central of Java has 55.05%, South of Sulawesi has 60,62%, West of Java has 50.56% and DKI Jakarta has 29.56%. It means that 5 of 10 companies are still doing business on 5 highest covid19 cases province in Indonesia [4].

The data confirmed the previous explanation before, that the implementation of public health COVID 19 will be affected in economy activities. The number of jobless people increases about 26 million in 5 weeks in US. Indonesia also got affected because of the COVID19. Therefore, many companies mostly choose to do their business as a usual and caused case COVID19 increasing in Indonesia. Thus, the policymaker made a regulation to balance the situation.

The Indonesia situation is not easy in COVID19 because state should cover for all of 270,20 million people. The composition of Indonesia civil is 11,56% baby boomer, 1,87% Pre baby boomer, 10,88% post Gen Z, 27,94% gen Z, 25,87% Millennials, 21,88% gen Z. Productive ages are about 70,72%. And 56.10% are on the Java Island- the fullest capacity civil of other islands in Indonesia. The civils are many types by the ages and characters that lead to different needs, one side need to be kept on healthy and the other sides the economy should be run to fulfill the living cost. Therefore, the policymaker had been stated three budgets refocusing to overcome the situations [5], there are strengthen in the healthcare, build back the economy and stabilize the SafetyNet. Those three foci also have been written in National Economy Build back (*Pemulihan Ekonomi Nasional-PEN*). The implementation of PEN's budget sees in figure 3:



Fig. 3. Budget realization, source: Wartaekonomi [6].

Based on the picture 3 above there are six sectors who controlled by the country that is relevance with budget refocusing. The safety net has been realized 81,94 %, SME's incentives is on 74,39%, business incentives 24,61%, and the healthcare is on 31,87%. The information above was courage our curiosity about refocusing budget implementation. The other two were almost complete but healthcare needs extra effort to fulfill the budget realization. It becomes important to do the inquiry because the case yet decrease even more higher than before. It means that the public health protocol and public health intervention should be upright implemented. In this situation the public health intervention-SWAB will be the most important to tested COVID19 then the data can be updated well. However, the rate test standard by WHO is 1/1000 population per week. 26 Oct Indonesian rate test: 2,679,774 people got test around 0.99% with average 31.827 person per day (Q4). It shows that the realization budget in healthcare should be more optimized, and it could be more 31,78%. There are several equipment's that should be use in SWAB Test and caused cost. Therefore, the urgency of this paper is evaluating the implementation of fiscal and health policy to overcome pandemic COVID19 by giving suggestions to optimize budget absorption related to SWAB test in Indonesia. Thus, the research question is how to evaluate Indonesian response towards Covid19 since April to September 2020 in Indonesia from Fiscal and Public Health Perspective.

II. THEORY

The theory used in this paper are epidemiology, COVID19, Public Policy and Fiscal Policy. Four theories have contribution to do the review and give solutions about optimize the healthcare budget to overcome the pandemic. Since the healthcare is also Indonesia's focus to be realized and done. Losing many healthcare lives could be a concern to change to be better.

A. *Epidemeology COVID-19*

Economy is some knowledge to learn about how to fulfill the daily needs and wants which lead to satisfaction of the people. The effort to fulfill the daily needs and wants calls as economy activities. Economy activities are a set of actions that consist of production, distribution, and consumptions in all level of societies which produce money and other assets. This activity involves the local households and firms to manage the product and revenues. That is why there is a supply and demand curve to see where the meeting point between those curves is and see how far the effort should be made between the households and firms. Therefore, monetary and fiscal policy need to equalize the circular flow of the economic activities. Fiscal policy is an adjustment in government revenue

and expenditure as stipulated in the state budget and expenditure (APBN) to achieve better economic stability and the desired pace of development which is generally determined in the development plan [7]. As the logic, Fiscal policy is important because it is associated with the proposition that the taxation of a certain amount on the taxpayer will increase government revenue so that the government is better able to increase economic growth and income distribution. Increased economic growth and income distribution. Increased economic growth and equal distribution of public income is due to increased national production driven by the government. Fiscal Policy is part of public policy, as the task of public policy is to develop the people, so that ordinary people can work extraordinary and make ordinary countries extraordinary. Maintaining the Integrity of the Specifications

III. RESEARCH METHODS

Based on the background and problem formulation that have been developed, this research uses descriptive type with qualitative approach in reviewing and analyzing controlled foreign companies (CFC) rules in Indonesia. This study also examines deeper application of CFC rules in terms of combating base erosion and profit shifting (BEPS). Qualitative approach itself according to Denzin and Lincoln defines as a study / research that has a method with a lot of focus, involving interpretive and naturalistic approach to the subject [8]. One of the main strengths in qualitative research is how later this research can provide a broad perspective from researcher.

Secondary data using Indonesia legal and policy statement from Indonesia government, Annual National Budget (APBN), Test rate by Health Ministry, Republic Indonesia Time: April-September 2020 due to Pandemic Announced in Indonesia Public policy analysis: description of policy model by Dunn-comparison (indicators are effectivity, efficiency, adequacy, equality, appropriateness, responsivity).

The limitation of the research is excluded the equality and responsivity, where policy benefit distribution cannot accommodate through study literature method.

IV. RESULTS AND DISCUSSION

There are four steps conducted in this result research first explain the regulation timelines that is related to COVID-19 19 between health and fiscal, after that explain how the budget and expense for health ministry in pandemic era was, another graphic to explain how many person, specimen dan positive rate being tested, and the last is evaluation based on the Dunn's indicator.

TABLE I. THE REGULATION TIMELINES ABOUT COVID-19 19 DUE TO PANDEMIC IN 2020

Date	Policy	Amendment
13 March 2020	The Presidential Decree No 7 of 13 March 2020 (Keppres 07/2020) on “The Acceleration of the Country’s Corona Virus Disease 2019 (Covid-19)”. Handling, led by a Task Force Steering Council”.	Presidential Decree, no 9 of 20 MARCH 2020 (Keppres 9/2020), in which the members of the board of supervisors and those of the task force itself have been expanded involving more stakeholders in the government. Moreover, the new decree mandates governors as members of the Task Force Steering Council.
13 March 2020	The Government Regulation In lieu of Law No 1 of 13 March 2020 (Perpu 01/2020) on “The State Financial Policy and Stability Disease 2019 (Covid-19) and/or Encounter the Threats to National Economy and/or Stability of Financial Systems”. The total budget for this huge financial program is around 405.1 trillion Rupiah or approximately 24.8 billion USD.	
3 April 2020	Presidential Regulation Number 54 April 3, 2020 (Perpres 54/2020) concerning "Revision of Allocation and Details of the 2020 State Budget Revenue and Expenditure". The spending will be used for various policies designed to reduce the economic effects of the COVID-19 pandemic, including an allocation of IDR 8.6 trillion.	
13 April 2020	Presidential Decree No 12 of 13 April 2020 (Keppres 13/2020) on the "Determination of Non-Natural Disaster of the 2019 Virus Disease (Covid-19) Spread a National Disaster" clearly states the non-natural disaster caused by the corona virus disease 2019 or Covid-19 as "a national disaster" and reiterates the important role of the Task Force Steering Council in handling the Covid-19 pandemic.	
2 October 2020	The Ministry of Health has issued the fifth revision of the Guidelines to prevent and control COVID-19, which includes new terminologies for patients stipulated in Minister of Health Decree No. 413/2020 as well the latest epidemiological control methods the government has adopted in accordance with the WHO's latest guidelines. A copy of the guideline the Indonesian	

government will set a price ceiling of Rp 900,000 for swab and RT-PCR test for COVID-19, the COVID-19 Task Force announced on Friday, October 2. The price includes all components of the testing, from the medical expertise to the reagents. The price ceiling will be enforced once the Ministry of Health issues the corresponding Circular



Fig. 4. Budget and expense APBN 2020.

Based on figure 4, APBN 2020 released documents that budget income has been stated in April 2020 was about IDR 2.223 T and the budget income realization was on IDR 376 T. May 2020, the budget income was on IDR 1.760 T and realization was on IDR 548 T. There was budget decreased about IDR 473 T. June 2020, the budget income was stable on IDR 1.760 and Budget income realization was on IDR 663 T. The health budget expenditure was about IDR 695 T and health realization expenditure was about IDR 88T. July – September 2020, the budget income was decreased about IDR 61 T and stable on IDR 1,699 T. The realization income was increased to be IDR 809 T in July, IDR 920 T in August, IDR 1,030 T in September. Then the health budget stated in August 2020 was about 88T and IDR 7 T in realization. September 2020 the health budget was about IDR 88 T and realization was about IDR 18 T. The health budget for SWAB test had been launched three time, once in June (the last of Q2) and the other two was in August and September 2020. The amount in June was higher 10% rather than August and September. It caused the realization in June was only 10 % from the total health budget expenditure. However, in the next two months which is August and September the realization of Health expenditure was on only 10% and 20%. It means that Fiscal had commitment to overcome the pandemic by implementing SWAB Test was about 39.4% but the realization from the health ministry for SWAB test was about only 10%. Thus, for the next other two months the health budget expenditure was only on IDR 88T. And July there is no activity in Fiscal aspects related with SWAB Test and then directly jump to August and September. On July there is no activity in Fiscal aspects related with SWAB Test and then directly jump to August and September

2020. It showed that the budget has been created during those months but not seem monthly launched. Meanwhile, the COVID19 cases had been happened daily which SWAB Test should be well maintained. The implication was on amount of person, specimen test and the positive rate see in figure 5.

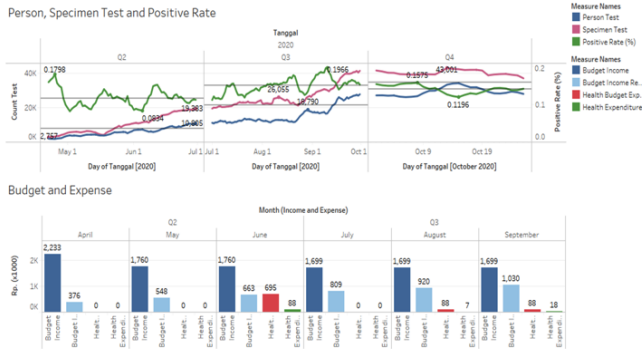


Fig. 5. Person, specimen test and the positive rate,

The budget realization for collecting the specimen test was not optimum yet. Health budget realization was on June, August, September 2020. June 2020 was the higher expenditure about IDR 88T, the second place was September 2020 about IDR 18T and the rest was August 2020 on IDR 7T. Indonesia is a large country, during the COVID19, the person who were in specimen test should be higher than other small countries, by then the actual positive rate could be established. As, COVID19 cannot be proper detected without SWAB Test.

Indonesia had been declared public health emergency status since March 2, 2020. Then, the state is responsible for the provision of health service facilities and service facilities general decent [9]. Thus, budget absorption needs to be higher than actual condition. Effect of the public health budget absorption is on the tracing COVID19 cases, so that the state could decide what the suitable policy is.

There was a missing link between these two macro-levels approaches-the welfare versus the healthcare system. The welfare state frequently ignored health care system and the health was a lot observed in isolation from the wider social welfare system that has major implication for the health and well-being [10]. more time to realize the allocation. The efficiency was on IDR 87.6 Billion. The budget allocation and public health was not adequate yet because the positive rate was on 14,98%. The fiscal allocation and health public was not appropriate yet as the realization on 20%. The effectivity in health public policy was not yet achieved the target (below the standard). Between the health public policy and fiscal policy need more improvement and synergy to overcome the Pandemic. All the regulations have been all set up, but the implementation need more cooperative and directed for testing the SWAB to the civil.

TABLE II. HEALTH PUBLIC POLICY AND FISCAL POLICY

No	Indicators	Health Public Policy	Fiscal Policy
1	Effectivity (is the alternative achieved the expected result?)	Not yet (below WHO standard)	It is allocated already, need more time to allocated from the regulation
2	Efficacy (the sum of efforts that needs with expected effectivity)	the efforts were stated Q3 percentage 17.80 specimen test 26.055, positive rate 14.98%	It is stated already IDR 87.6 Billion
3	Adequacy (How far the effectivity meets the needs of the satisfaction)	Positive Rate should be under 5% (WHO), test rate should be 1/1000 population per week. Under achievement.	It is not adequate because the positive rate is still higher 14.98%.
4	Equality (policy benefit distribution)	N/A	N/A
5	Appropriateness (is the policy sufficient for the citizens?)	not appropriate yet due to still not sufficient for Indonesia community (270 million people)	not appropriate yet (budget realization is on 20%)
6	Responsivity (How far is the factor of policy implementation met with value of group of citizens?)	N/A	N/A

Indonesia needs to make more synergy between the policy maker and ministry to recover the condition. Birch also said that the economic support package promised that the compensate for longer time suppression of pandemic is insufficient to generate a greater health impact through major recession [11].

V. CONCLUSION

Indonesia gave response during the pandemic through fiscal and public health policy. Fiscal and public policy has been made since March 13, 2020, and April 3, 2020. Then, realization was not as smooth as synchronize the regulation between public health and fiscal. Thus, effectivity, efficacy, adequacy and appropriateness are not optimum yet. Many improvements need to be done soon in this a very short time. This global pandemic among different population defined various structured by welfare-state cutbacks, systemic racism, hostility toward labor unions, ethnic stratification, democratic decline, contested systems of gender and sexuality, and ever-growing wealth inequality paints the bleak picture of life in 2020 [12].

For further research is possible to look for how the improvement between Finance Ministry and Health ministry to overcome the pandemic in 2021. There will be annually scientific progress about COVID 19 in Indonesia. Also, another field research is on cross-national research agenda on health inequalities have perhaps never been more important than now.

The urgency is on bias information decreasing between the countries or even in one specific countries (Morris, 2018).

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