

Fulfillment of the Right to Health Services During the Covid-19 Pandemic in Indonesia

Cholidah^{1*}, Kahfi Pratama Zali²

^{1,2}Faculty of Law, Universitas Muhammadiyah Malang, Malang, Indonesia

*Corresponding E-mail: cholidah@umm.ac.id

ABSTRACT

Barriers to health care due to the Covid-19 pandemic are not limited to Indonesia. Data from 40 studies in 17 countries found that region, disruption to healthcare services, and fear of attending health facilities all add to risk, which does not generally lead to poor outcomes. Girls and babies. The Covid-19 pandemic has had a major impact on the health care system, including delivery services that require a Covid-19 test before handling delivery. delays that cause pregnant women to give birth without the help of medical personnel as happened at the Jombang Hospital at the beginning of the COVID-19 pandemic. These delays are suspected to be the cause of death in babies who have been born. during the pandemic as an effort to fulfill human rights. This research was conducted using a normative juridical method that will analyze the implementation of health services during the Covid-19 in the context of fulfilling the right to optimal health and fulfilling the standard of the right to health services during the Covid-19 pandemic within the framework of human rights? As part of the interim research results, this study concludes that Presidential Decree 11/2020 stipulates health emergencies referring to emergency provisions that give the State authority to limit the fulfillment, protection and human rights under certain conditions. Among the considerations it is permissible to do so in the context of protecting public health. Limitations and Reductions in Human Rights as contained in Article 4 of the 1966 SIPOL Covenant (ICCPR) are in accordance with legal provisions and must be carried out in accordance with the nature of the rights that are limited with the sole aim of improving the general welfare in a democratic society where health is in accordance with developments as regulated and introduced by WHO.

Keywords: Health Emergency, Service Delay, Human Rights.

1. INTRODUCTION

The World Health Organization on January 30, 2020 has declared Covid-19 a global public health emergency. The Covid-19 pandemic situation directly affects everyone's access to health. Every health worker and management of health service facilities such as hospitals, health centers, clinics, and others are experiencing congestion and are focused on preparing for Covid-19[1].

Transmission of Covid-19 through liquid droplets from the nose or mouth makes the spread of Covid-19 very fast where until today there are more than 230 million people in the world[2] and 4.2 million in Indonesia[3] have been infected with this virus. Increasing the number of people affected by the Covid-19 outbreak in Indonesia.

In the early days of the Covid-19 pandemic after the WHO declared a health emergency, the President of the Republic of Indonesia, Joko Widodo, responded by issuing Presidential Decree No. 11 of 2020 which regulates the establishment of a Public Health Emergency. This step is taken in addition to suppressing the rate of development of the pandemic, it is also hoped that it can control and stabilize economic conditions that have been seriously affected as a result of the fairly massive spread of the virus in Indonesia.

Fluctuations in the pandemic situation to date have prompted various parties to take concrete steps as an effort to inhibit the spread of the virus that continues to grow and infect, including efforts to fulfill citizens' health rights, especially with regard to access to health services. social distancing to encourage the general public to stay at home. This condition directly causes public access to various public service facilities including health services to be disrupted.

Vulnerable groups who have various limitations experience great difficulties and risks in this pandemic phenomenon. The Covid-19 pandemic has disrupted health services. WHO stated that 53 percent of countries surveyed stated that treatment services for hypertension were disrupted. Then 49 percent of countries said treatment for diabetes and diabetes-related complications was impaired, 42 percent said cancer treatment was interrupted, and 31 percent said cardiovascular emergencies were disrupted. Health facilities that focus on treating non-communicable diseases are disrupted and have decreased the number of patient visits[4]. However, in general, there is an overload of health services related to Covid-19 services, which is experienced by almost all hospitals in Indonesia. Thus giving rise to a problem related to health services, especially to antenatal care and delivery services, from 40 studies in 17 countries found that regional quarantine, disruption to delivery services, and fear of attending health facilities all increase the risk of pregnancy, which generally leads to poor outcomes. worse for women and babies[3]. The Covid-19 pandemic has had a major impact on the health care system, especially during the delivery process which requires a negative test result for the corona virus 19 infection in order to receive delivery services, restrictions on positive patients are also imposed by placing pregnant women in special isolation rooms, this has led to maternal deaths. and avoidable babies, especially in low- and middle-income countries[5].

This condition, as happened at the Hospital in Jombang, East Java, where a baby who had been born to a mother infected with the Covid-19 (D) R virus could not be saved, allegedly because there was a post-natal service delay where the post-swab test was positive from the pregnant mother DR. , the pregnant woman was then transferred to a special room for Covid patients, but after being transferred to a special room the patient was not immediately given treatment from the health worker on duty waiting for the results of observation, until 6 hours later DR felt that he was going to give birth, but even though the family of the DR patient had tried to contact the staff The health officer who was in charge of confirming that the baby's head DR had appeared and was about to give birth, but did not receive a response to attempt a delivery was on duty at that time because they had to wait for the results of observations first. Because he could not hold it anymore, finally the baby DR was born and did not immediately get medical attention from the health workers who were there at the time, which caused the baby to die right after birth[5].

2. RESEARCH METHOD

This study uses a normative legal research methodology. Normative legal research as doctrinal research makes legal norms as a study material[6]. This

normative research method directs, analyzes, systematizes, interprets, and evaluates positive law related to the issue of the study[6].

The approach used in this research is a conceptual, comparative, and statutory approach. The conceptual approach is used to find out how to fulfill the right to health during the Covid-19 Pandemic? and how to balance rights with common interests in the emergency handling of Covid-19.

3. RESULTS AND DISCUSSION

a. Fulfillment of Health Rights during the COVID-19 Pandemic

The fulfillment of human rights in a health emergency during a pandemic must balance the rights and obligations of citizens, especially with regard to the public interest, restrictions and reductions in the fulfillment of human rights must be regulated by applying standards and provisions that regulate their implementation. appropriate and transparent so that everyone can easily access the latest regulatory information related to the latest health service standards. Changes in health services in order to realize the right to health are important in an effort to balance individual rights with shared interests where this condition may not look ideal, especially when faced with the reality that occurs in the field as in the case of newborn deaths in Jombang, East Java.

The International Health Regulations (IHR) are WHO's primary instrument governing the threat of pandemics, codifying national obligations "to prevent, protect, control and respond to public health against the international spread of disease."3 (article 2) Last revised in 2005, the IHR provides for a framework for building the capacity of national health systems and strengthening WHO authority to respond to public health emergencies of international concern. Changes in standards in Health services due to the Covid-19 Health Emergency,

WHO has published technical guidance which has become a standard for health services during the Covid-19 period. As of January 2020, WHO has published more than 100 documents regarding Covid-19. Of these, more than half are detailed technical guidelines on how to find and test a case, as well as how to provide safe and appropriate health services including: (knowing the severity of the disease, how to prevent disease transmission from one person to another, how to protect health workers health, as well as helping the community to be able to respond to matters or education about the world of health)[7].

b. Balancing Rights with Common Interests in The Emergency Handling of COVID-19

The case of infant death at birth due to delays in health services for mothers who gave birth who was positive for Covid-19, as happened in Jombang, is certainly very unfortunate, but at the beginning of the Covid-19 Pandemic it spread this became an extraordinary dilemma for health care practitioners, the implementation of health protocols that Strictly related to the service of Covid-19 patients is a mandatory thing that must be carried out considering this virus is very easy to spread

It is an important note in the DR case that the fulfilment of emergency health service procedures should prioritize patient protection and safety (UU no 44/2009) whether then the "patient safety value" will be fulfilled if in an emergency the mother who is about to give birth has to wait for the results of observation for 6 hours without the supervision of the health personnel on duty?. Although there is no specific guidance from WHO for this condition, but WHO provides guidance on services for COVID-19 patients of any severity assessed in a clinic or hospital, it is recommended that there be a clinical assessment, including consideration of patient values and preferences as well as local and national policies. national level where available, to guide decisions[8].

Presidential Decree 11/2020 provides the basis for protection to the public and medical personnel by establishing a public health emergency of Corona Virus Disease 2019 (Covid-19) in Indonesia which must be carried out in response to the provisions of laws and regulations. During the adaptation period for new habits, it becomes an important guideline in order to balance the rights of patients with the interests of the community and health workers in general, during this health pandemic the government has issued guidelines for hospital services to adjust routine services in a different way[9]:

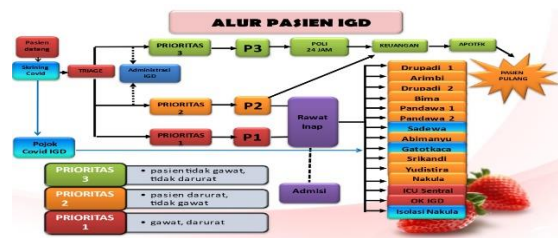
- 1) Provide services to Covid-19 and nonCovid-19 patients by implementing screening, triage and case management procedures.
- 2) Anticipating transmission of health workers and service users
- 3) Implementing Infection Prevention and Control (PPI) procedures, implementing Occupational Safety and Health (K3) in work units and fulfilling Personal Protective Equipment (PPE)
- 4) Implement the Covid-19 prevention protocol, namely: must wear masks for officers, visitors and patients, maintain a distance between people >1m and be diligent in washing hands with soap and running water for 40 to 60 seconds or with hand sanitizer for 20 to 60 seconds. d 30 seconds.

- 5) Provide treatment facilities, especially isolation rooms for patients with Covid-19 cases.
- 6) Integrated into the Covid-19 handling system in their respective regions so that a case tracking system is formed, the application of an effective referral mechanism and self-isolation supervision and coordination with the local Health Office.
- 7) Re-implement essential services during the Covid-19 pandemic.

Changes in health service standards after the Covid-19 pandemic were implemented in hospitals where DR was delivered, especially with regard to the registration process, services, assistance and payment systems as follows.

Keterangan	Hospital Service Standards	
	Before Covid-19	After Covid-19
Registration	Off line	Online
service flow	ER service flowinitial examination→outpatient/inpatient	Covid-19 screening → ER initial examination→ outpatient/inpatient
Payment System	Cash/Online//E-money	Online//E-money
Assistance Patients	can be accompanied and visited	<ul style="list-style-type: none"> •Covid-19 negative patients can be accompanied by strict protocols Unaccompanied Covid patients •Visiting hours are removed

Prosedur pelayanan pasien IGD mengikuti alur layanan berikut:



Based on the data above, it can be concluded that the procedures applied by the hospital in Jombang are in accordance with the technical guidelines for hospital services during the adaptation period of new habits[9]. This is also in accordance with Article 5 paragraph 1 letter (b) of Jombang Regent Regulation No. 34 of 2020 concerning Control of the 2019 Corona Virus Disease (Covid-19) Pandemic in Jombang Regency.

The choice of hospitals to prioritize the interests and safety of patients and health workers as a whole is a manifestation of Article 3 (b) of Law 44/2009 which emphasizes that hospitals must provide protection for the safety of patients, the community, the hospital environment and human resources in hospitals.

Although the new Covid-19 adaptation health service standards have been implemented in hospital service standards and flow, this does not eliminate the patient's rights as a form of legal protection and an effort to fulfill the patient's right to file a complaint on the quality of service obtained; and file a lawsuit or claim against the Hospital if it is suspected that the Hospital does not provide services that are in accordance with standards, both civil and criminal. Especially if this causes harm to the patient based on the provisions of Article 32 of Law No. 44/2009.

4. CONCLUSION

The fulfillment of human rights in a health emergency during a pandemic must balance the rights and obligations of citizens by setting appropriate and transparent service standards so that everyone can easily access the latest regulatory information related to the latest health service standards.

Efforts to balance personal health rights with community interests in health services refer to the latest hospital service guidelines aimed at providing protection for patient safety, the community, the hospital environment and human resources in hospitals.

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