

Travel Ban Policy in Handling Covid-19 Outbreak Implementation Under Indonesian Law and Human Right Perspective

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ABSTRACT

COVID-19 is a global pandemic affecting almost all countries in the globe. The spread of the COVID-19 virus causes most cross-country activities to become obstructed and stop. Travel restriction policy is the common policy implemented in case of instances when handling the spreading virus. However, this policy must be carried out carefully and wisely because it deals with the movement of people guaranteed in a number of international human rights legal instruments as well as guaranteed by the Indonesian laws. For example, the International Covenant on Civil and Political Rights (ICCPR), Universal Declaration on Human Rights were ratified by Indonesia. Moreover, In Indonesia, provisions regarding health rights are stipulated in some legal instruments such as Article 28 H of the 1945 Constitution, the Human Rights Acts, the Health Acts, the Regional Quarantine Acts, and others. However, the travel ban or limitation of movement must respect people's human rights. This paper discusses the implementation of travel bans and the limitation of people's movement from the normative perspective and human rights perspective. This paper concludes that this policy can be carried out based on *the lex populi suprema lex principle*, namely that people's safety is the highest law. However, the travel ban policy must still take care to prevent violating the laws and human rights.

Keywords: "Travel Ban Policy, Indonesian Laws, COVID-19".

1. INTRODUCTION

2019 was the beginning of the spread of COVID-19 in many states. Based on the research released by WHO, the model for spreading of SARS-Cov-2 (COVID-19) could be through contracted from infected droplets such as saliva and respiratory secretions or their respiratory droplets produced when a person infected with COVID-19 sneezes, cough, droplets, airborne, vomit, and other spreading models with lower spread rates [1]

Since the spread of this virus, countries in the world have anticipated it by issuing policies. One of the policies to handle the spread of COVID-19 is to limit the movement and activity of people in public spaces. This policy was taken to flatten the curve of the spread of COVID-19.

Indonesia is one of the countries that also carries out a series of travel restrictions both from and to another country, and between regions within the territory of Indonesia.

Indonesia did not implement a full lockdown but carried out large-scale social restrictions (PSBB). In addition to PPSBB, the Government has also implemented the Enforcement of Community Activity Restrictions (PPKM). Where PPKM is carried out at different levels from one region to another. Depending on the data of the distribution of cases that occur starting from PPKM level 2, 3, 4

The PSBB and PPKM policies carried out by the Government of Indonesia greatly limit the community's space for movement. In fact, it is not uncommon for the implementation of PSBB and PPKM to cause horizontal conflicts between the community and law enforcement officers. Both at the central and local government levels.

Chaos often occurs in workers who still have to work in the office on a shift system. Where there are barriers and restrictions to mobilize for workers to travel from home to office.

In addition, the imposition of restrictions on community activities, especially in public spaces and for carrying out economic activities to meet their needs,

exacerbates the situation. Because the social assistance fund provided by the government is often not sufficient to meet the needs of families in the midst of a pandemic. This causes them to continue to carry out economic activities in the public sphere.

This paper tries to analyze the regulations made by the government in carrying out travel restrictions both domestically and internationally. This paper also tries to look at the issue of travel bans from the perspective of protecting human rights which are guaranteed in several legal regulations.

2. RESEARCH METHOD

This paper uses a normative writing method with a statutory approach. The data used in this paper are secondary data sourced from 3 legal materials, namely: first, primary legal materials, namely the applicable laws and regulations. Second, secondary legal materials, in the form of research results, books, and publications related to this issue. Third, tertiary legal materials, namely findings and supporting information such as print media, bulletins, magazines, and others. [2]. The analysis in this paper is descriptive-analytic, which describes the legal arrangements regarding travel bans. and describe the steps or legal policies that have been taken by Indonesia[3]

3. RESULT AND DISCUSSION

3.1 International Human Rights Provision On Travel Ban Policy and Limitation of People Movement

Indonesia is one of the countries that ratifies international human rights instruments as a form of commitment to protect human rights at the national level. In fact, Indonesia is the country that has ratified the most international human rights instruments in the Southeast Asia region.

International human rights regulations provided protection of human rights during a pandemic. According to Article 4, paragraph (1) of the International Covenant on Civil and Political Rights (ICCPR), stipulated that Ensuring everyone's right to the highest standard of health treatment and oblige governments to take steps to prevent threats to public health and to provide medical care to those who need it. International human rights law also recognizes that in the context of serious threats to society and emergencies that threaten the life of the nation, several rights can be justified having a legal basis, are very necessary, based on scientific evidence, and are not arbitrarily discriminatory in their application, limited

duration, respect for human dignity, subject to the law, and proportionate to achieving the goal.[4]

To prevent the spreading of COVID-19, many countries have implemented policies to stay at home (lockdown). The policy aims to reduce the spreading of COVID-19 widely. However, this policy had disruptive impacts on various areas such as employment, livelihoods, access to services, including health services, food, water, education, etc. if this is carried out for a long time, it is possible that it will cause a bigger problem than the COVID-19 virus itself. For instance the increasing criminal case, anarchy, and declining quality of education due to COVID-19

Although states have an obligation to uphold human rights, sometimes states are allowed to limit their human rights obligations in certain ways and in limited circumstances. The ICCPR recognizes that restrictions on certain rights may or may not be avoided during a "public emergency which threatens the life of the nation". Article 4 of the Covenant permits a State to take action which deviates from, or "reduces", from its obligations but only: (1) if a state of emergency is formally declared, (2) to "action which is absolutely necessary because of the state of emergency," and (3) if the Action "does not involve discrimination solely on the basis of race, color, sex, language, religion or social origin".[5]

However, the article limits the ability to limit by including seven special rights from which restrictions are not allowed. When restricting rights, States are obliged to notify the Secretary-General of the United Nations of the "restricted provisions and the reasons" for such restrictions. Further notification is also required when the restrictions expire. The Secretary-General issues this notification to other member countries.

The Travel ban implemented by many countries sure can be affected to the freedom of movement of every person. Freedom of movement is a human right protected by domestic laws and international treaties, including the Universal Declaration of Human Rights (article 13) and the International Covenant on Civil and Political Rights (ICCPR) (article 12). Both documents guarantee the right of everyone to leave any country including their own country and to return to it. They also protect the right of everyone lawfully in a country to move freely within the territory of that country.

Moreover, article 25 of the Universal Declaration of Human Rights states that everyone has the right to a standard of living adequate for the health of himself and of his family.[6] concurrently, article 12 of the International Covenant on Economic, Social and

Cultural Rights (ICESCR) recognizes the right of everyone to the enjoyment of the highest attainable standard of health and asks governments to take steps to prevent threats to public health and to provide medical service to those who need it.[7]

Human rights are interdependent. Therefore, the right to freedom of movement is not absolute and can be restricted when needed for the public's health. Article 12(3) of the ICCPR allows restrictions on the right to freedom of movement for reasons of public health and national emergency. However, these restrictions must be lawful, necessary, and proportionate. "Restrictions such as mandatory quarantine or isolation of symptomatic people must, at a minimum, be carried out in accordance with the law". In addition, according to the Siracusa Principles – principles that determine the conditions under which restrictions on civil liberties are justified – every step taken to protect the public and limit people's rights and freedoms must be "legal, proportionate and necessary". These measures have to be limited in time and need to take into consideration their impact on vulnerable and marginalized groups.[8]

Silva and Smith stated (CESCR General Comment No.14) :

“A right to health also includes the right to control the spread of infectious diseases via a variety of control measures, some of which are restrictive. The use of restrictive measures during infectious disease outbreaks, including measures like quarantine, isolation, and travel prohibitions, restrict or limit basic human rights prescribed by the Universal Declaration of Human Rights, such as freedom of movement (Article 13) and the right to peaceful assembly (Article 20), for the sake of protecting and promoting the health of individuals and communities.[9]”

It can be said that according to UDHR, the rights of freedom of movement can be limited in order to manage the spread of the virus. Unfortunately, the extent and danger of the COVID-19 pandemic threatened public health all over the globe. Made the decision of limiting on certain fundamental rights and freedoms can be justified, such restriction, for example, imposing travel bans, quarantine, and isolation

3.2 Human Rights Provision Under Constitution 1945

Before the Amendment to the 1945 Constitution, the power of protection of human rights did not become a material that appeared mostly as material for the constitution at the beginning of independence. This happened because of the debate between the founding

fathers about the idea of human rights in the constitution. The founding fathers were divided into 2 (two) groups, namely the group that refused the inclusion of the human rights article in the Indonesian constitution (Sukarno & Soepomo) and the group that wanted human rights guarantees to appear in the contents of the Indonesian constitution such as the human rights declaration owned by France (Muhammad Hatta & Yamin).

This debate has resulted in a decision to protect human rights that do not appear implicitly in the constitution. This was because Soepomo expressed the integralists (*brotherhood*) principle. Where, as one of the Indonesian lawyers at that time, he believed that an independent Indonesia that he wanted to form was a country based on "integralism" (*brotherhood principle*) so that there was no need for human rights guarantees regulated in the constitution of an independent Indonesia. Because in the concept of an integralist state, the relationship between the state and citizens is likened to the relationship between father and son. So it is impossible for the father (state) to make rules that violate the human rights of his child (citizen). Including the regulation of human rights is seen as shifting integralism to a state based on liberal-individualism

Hatta denied this Soepomo's thought. In principle, Hatta, both opposed and rejected the state based on liberal-individualism as Soepomo, and agreed with the concept of an integralist state (kinship) that was proposed. Even so, according to Hatta, guarantees of human rights are still needed in the constitution of an independent Indonesia. The reason is to prevent a power-based state (*machtstaat*). Even Hatta's thought was also supported by M Yamin who wanted the Article on Human Rights not only to be formulated in one Article in the constitution but in various articles or more than one Article.[10]

After the amendment to the 1945 Constitution, the Indonesian Constitution has a richer power to protect human rights compared to the constitution at the beginning of independence (the original 1945 NRI UUD). Even at the stage of amendments to the 1945 Constitution which took place over a period of 4 years starting 1999, 2000, 2001, and 2002, the constitutional changes took place very extreme and radical.[11]

According to Jimly Asshiddiqie, the amended 1945 Constitution underwent extraordinary changes, namely 300% changed from the original. Namely what initially consisted of the preamble (4 paragraphs), 16 Chapters, 37 Articles, 49 paragraphs, 4 Articles of transitional rules, and 2 paragraphs of additional rules and explanations changed to consist of the preamble (4 paragraphs), 21 Chapters, 73 Articles, 170 paragraph, 3 articles of transitional rules and 2 articles of additional

rules. Some experts even think that what has happened is not a change or amendment to the constitution but the birth of a new constitution.[12]

The birth of human rights provision received quite a large portion and there is even a special chapter that was born and regulates human rights, namely Chapter XA which consists of Articles 28 A to J. The regulation of human rights protection in the Indonesian constitution certainly signals the commitment of the Indonesian nation to provide protection and guarantee for the fulfillment of human rights for all its people as a rule of law. Even the seriousness of the Indonesian people in providing guarantees for human rights was followed by steps to ratify a number of international conventions that regulate human rights. In fact, Indonesia is said to be the country with the greatest progress in ratifying international conventions related to human rights in the Southeast Asia Region.[13]

At least, in the amendments to the 1945 Constitution of the Republic of Indonesia can be found a number of articles that provide health insurance such as Article 28 A regarding the right to life, Article 28 E paragraph (1) the right to choose a place to live means that it relates to freedom to move from one place to another, both in terms domestic and abroad, Article 28 H paragraph (1) concerning the right to health, a good environment, and health services. And the human rights above Some are classified as rights whose fulfillment cannot be reduced in accordance with the provisions of Article 28 I paragraph (1) of the 1945 Constitution, namely the right to life (Article 28A), but other than the right to life is classified as non-derogable rights. based on the provisions of Article 28 J paragraph (1) in conjunction with Article 28 J paragraph (2) of the 1945 Constitution on the basis of considerations of security and public order.

Therefore, constitutional restrictions on travel bans have a constitutional basis. Moreover, in a situation of emergency, the 1945 Constitution facilitates an emergency law policy for the president as guaranteed in Article 22 and the ability to declare the country in danger as stipulated in Article 12 if extra extraordinary emergency handling efforts are required. Meaning that the travel ban is constitutional action that could be taken by the government as long as it is pivotal. Because the two articles above are the constitutional basis for the government to limit people activities include the right of movement

Because COVID-19 is a type of symptom and disease. It is a relatively new thing in the world of health and the Indonesian government responded responsively to the case of the spread of COVID-19 by issuing a number of legal provisions in matters of compelling emergency such as government regulations

in lieu of laws. (Perppu) Number 1 of 2020, Government Regulation Number 21 of 2020 concerning large-scale social restrictions (PSBB), Presidential Decree Number 11 of 2020 concerning the determination of COVID-19 public health emergencies, Regulation of the Minister of Health Number 9 of 2020 concerning Guidelines for Scale Social Restrictions Large fin order to accelerate pe handling COVID-19, etc.

3.3 Laws Number 6 of 2018 Concerning to Health Quarantine

It is stated in the considering point c that Law Number 6 of 2018 concerning Health Quarantine is a Law that was born as a form of Indonesia's commitment to making efforts to prevent health emergencies and Indonesia's commitment to have ratified international regulations in the health sector. The Laws provide a different definition of regional quarantine and large-scale social restrictions (PSBB). Where the issue of regional quarantine and PSBB had become a debate/discourse at the beginning of Indonesia responding to the issue of the spread of COVID-19 in early 2020.

The definition of regional quarantine (Article 1, point 10) states the limitation of the population in an area including the area of entry and its suspected people of being infected with the disease and/or contaminated in such a way as to prevent the possibility of spreading disease or contamination. Meanwhile, large-scale social restrictions (Article 1 point 11) are defined as restricting certain activities of residents in an area suspected of being infected with a disease and/or contamination in such a way as to prevent the possibility of spreading disease or contamination.[14]

In other words, regional quarantine is defined as the presence of restrictions on entry/exit of people from areas considered to be at high risk of being a source of transmission of the COVID-19 virus while large-scale social restrictions place more emphasis on restrictions on activities or activities of the community alone which should be suspected of being the source of the spread of the virus certain time intervals.

For handling domestically the spread of COVID-19, the Government has chosen to adopt a large-scale social restriction policy rather than implementing a regional quarantine. This choice was linked to the government's ability at that time to implement regional quarantine. In implementing regional quarantine, there are a number of principles that need to be considered by the government (Article 2 of the Territorial Quarantine Law), namely as follows: a)Humanity; b)Benefits; c)Protection; d)Justice; e)Non-Discriminatory; f)Public

Interest; g) Integrity; h) Legal Awareness and i) State Sovereignty.

In essence, this principle lays the foundation for implementing a health quarantine policy in dealing with sensitive and dangerous health issues. These principles serve as a yellow light, which is an alarm for policymakers to pay attention to guarantees of human rights and their impacts. Even the health quarantine explicitly states that quarantine can be done in the national interest and it is part of the country's sovereignty. In addition, the principle of non-discrimination in the implementation and protection of the interests of the people.

3.4 Laws Number 39 of 1999 regarding to Human Rights

Law Number 39 of 1999 concerning Human Rights was born as part of the 1998 reform product which thirsts for human rights guarantees. The a quo law is a form of guarantee and legal certainty as well as preventing human rights violations, either by the government against its citizens or fellow citizens. Article 1 point 6 defines human rights violations as every act of a person or group of people including state officials, whether intentional or unintentional or negligent, limiting, and or depriving a person or group of people human rights guaranteed by this law, and do not get it or it is feared that they will not obtain a fair and correct legal settlement based on the applicable legal mechanism.

The a quo law actually also provides protection for every person to freely move, move and reside within the territory of the Republic of Indonesia, including the right to leave and re-enter the territory of the Republic of Indonesia, in accordance with the provisions of statutory regulations (Article 27 paragraph (1) and (2) Law on Human Rights).[15]

The last clause which states "in accordance with the provisions of laws and regulations" is actually a norm that gives space to the state to limit the right to move people within Indonesian territory. So that the application of entry restrictions and travel restrictions has a legal basis in its implementation. Furthermore, these restrictions and prohibitions are also regulated in Chapter VI concerning the Limitation and Prohibition of Article 73 which states that "the rights and freedoms regulated in this law can only be limited by and based on law, solely to guarantee recognition and respect for human rights. human beings and other basic freedoms, morality, public order and the interests of the nation "in other words, restrictions on the right to move/ move can be carried out by the Government by forming regulations at the level of laws only.

3.5 Laws Number 24 of 2007 on Disaster Mitigation

Law Number 24 of 2007 concerning Disaster Management is a legal instrument used to deal with disasters that occur in Indonesia. Based on the type, the spread of COVID-19 that occurred in Indonesia is categorized as a non-natural disaster. Non-natural disasters are disasters caused by events or a series of non-natural events which include technological failure, failure to modernize, epidemics, and disease outbreaks (article 1 point 3). And to overcome this, there are a number of principles that need to be considered, namely: a) Fast and precise; b) priority; c) coordination; d) cohesiveness; e) efficient and effective; f) transparency; g) accountability; h) non-discrimination i) non-proletizing.[16]

The Disaster Management Law is one of the laws referred to by the Indonesian Government when dealing with a Pandemic as a Non-Natural Disaster. So that the implementation of a number of policies related to handling the spread of COVID-19 must be in line with the principles in this law. Among them, cross-institutional coordination is a requirement that needs to be obeyed, the integrity of each policy, transparency in reporting on developments, and government accountability in dealing with this pandemic. Apart from that, the policies made should not be discriminatory. In conclusion, this law conveys the direction or guidelines for the government to decide the policy based on those principles. Some key principles are that the coordination between government state institutions should decide policy inherently and harmoniously, then the government should inform any data openly, and also there is no discrimination meaning that there is no distinction treatment in enforcing the travel ban policy amongst the people. Everyone is equal before the law.

3.6 Indonesian Compilation of Law Instrument on Managing COVID-19 Pandemic

Indonesia has regulations in regulating the lockdown. Based on the law in force in Indonesia, it can refer to Law No. 6/2018 concerning Health Quarantine, there are only two kinds of restrictions related to the lockdown discourse, namely regional quarantine or large-scale social restrictions (PSBB). regional quarantine basically consists of three main elements, namely; (i) the existence of population restrictions in an area including the entrance and its contents; (ii) suspected infection and/or contamination in such a way;(iii) the purpose of this limitation is to prevent the possible

spread of disease or contamination. Thus, regional quarantine is a protocol to isolate residents and all their contents in an area suspected of being infected or contaminated so that they are not allowed to leave the area. However, on the other hand, regional quarantine still allows residents to carry out certain activities or activities in a predetermined area. Because the regional quarantine emphasizes that there is no inflow and outflow of people in an area, the central, regional, and related parties as organizers are responsible for the basic needs of the community, including animal feed.

Meanwhile, large-scale social restrictions (PSBB) basically consist of three main elements, namely; (i) restrictions on certain activities of residents in one area; (ii) the area is suspected infected with a disease and/or contaminated; (iii) as an effort to prevent possible spread disease or contamination. Thus, large-scale social restrictions are protocols that emphasize restrictions on certain activities of residents in an area as a precautionary measure. With the limitation of these activities, there are two potential policy restrictions, namely partial or total restrictions depending on the level of spread or contamination of the disease. Restrictions on large-scale activities are fundamentally a public health emergency response. Restrictions on these activities according to Law No. 6/2018 at least include holidays from schools and workplaces, restrictions on religious activities, and restrictions on activities in public places/facilities. We will look closer at how the Indonesian government use their law instrument on managing the COVID-19 pandemic and the effectiveness of the implementation and is it violate human rights?

3.7 Government Regulation Number 21 Years 2020 on Large-Scale Social Restrictions for the Acceleration of handling COVID-19 Pandemic

The Large-Scale Social Restrictions (PSBB) policy itself refers to Law Number 6 of 2018 on Health Quarantine. To support its implementation, the government released two derivative regulations, namely Regulations Government Number 21 of 2020 concerning Large-Scale Social Restrictions as well as Presidential Decree on Emergency Health. PSBB aims to prevent wider spread determined by the Minister of Health or by the Regional Government based on approval from the Minister of Health. With the implementation of PSBB, activities such as schools, workplaces are closed,

activities of religion are carried out in people's respective homes, and restrictions on activities in public places. Article 3 of the Government Regulation provide criteria for an area that can implement PSBB, namely (1) the number of cases and/or deaths due to disease is increasing and the disease spreads significantly and quickly to several areas, (2) There is an epidemiology connection with a similar incidence in other areas.[17]

3.8 Mandatory Vaccination Under International Law and Practice

International human rights law is by no means clear or absolute on the question of compulsory vaccinations. It is informed by the states' own domestic constitutions and whether they are parties to certain human rights conventions and covenants. But the general rule is that medical interventions like vaccinations must be based on the recipients' free and informed consent COVID-19 raises many complex questions concerning the intersection of competing rights. Central to these is where the line should be drawn between a government's duty to protect the health and safety of the population and the individual's right to bodily integrity, particularly when a worldwide pandemic has caused countless deaths and brought the economies of many countries to their knees.

The tension between individual liberty and public health has been recognized in a number of international human rights law documents. Some conventions accept that restrictions on some civil rights may be necessary for the public interest to protect human life and health. This tension has certainly been brought into sharp relief by the COVID-19 pandemic and the public measures to contain it.

In a 2012 decision of the European Court of Human Rights (*Solomakhin v Ukraine*)[18], the court decided that mandatory vaccination interferes with a person's right to integrity which was protected under Article 8 of the European Convention on Human Rights. However, the Court also observed that any such interference could be justified in limited situations if there was a "necessity to control the spreading of infectious diseases". In a more recent decision of the European Court of Human Rights in April this year, *Vavricka and Others v. the Czech Republic* (a case concerning a pre-pandemic policy of compulsory vaccination for children for notorious infectious diseases)[19], the court concluded "that public health requires the "highest possible level of vaccination". In the

Vavricka case, Judge Lemmens said: "While everyone enjoys fundamental rights in a given society, a fact which must be respected by the State, individuals do not live in isolation. By the nature of things, they are members of that society. Life in society ('living together') requires respect by each member of society for certain minimum requirements, the vaccination duty is one way by which the authorities choose to fulfill their positive obligation to protect the right to health". His Honor noted that the right to health is a fundamental right.

A number of countries have existing laws which could be used to impose mandatory vaccination for COVID-19. They include Mexico, Norway, Chile, Germany, Israel, and Spain.

Section 20(6) of Germany's Infection Protection Act includes statutory protection of the right to refuse otherwise mandatory vaccination on recognized medical grounds.

Fiji's COVID-19 Vaccination of the Health and Safety at Work (HSW) (General Workplace Conditions) (Amendment) Regulations provide for exemptions for workers younger than 18 or those with legitimate medical reasons.

Section 11 of New Zealand's Bill of Rights Act 1990 protects the "right to refuse to undergo any medical treatment".

In a number of countries, a mandatory vaccination policy is likely to clash or engage with their constitutions or Bills of Rights. They include Austria, Belgium, Brazil, Canada, Chile, Fiji, France, Germany, Hong-Kong SAR, India, Ireland, Israel, Italy, Mexico, Norway, South Africa, Spain, and Turkey. In these states, mandatory vaccination would arguably infringe on one or more fundamental rights (life, human dignity, autonomy, privacy, physical integrity, liberty, and freedom of conscience and religion).

The Inter-American Commission on Human Rights has recently recommended that all COVID-19 vaccinations that the State administers must be based on the free, prior, and informed consent of the individual being vaccinated. The courts in different jurisdictions have reacted differently to the issue. In Brazil, the Supreme Court has declared that it is legal for local governments to make COVID-19 vaccination mandatory, with the caveat that people cannot be physically forced to have the vaccine. However, certain restrictions of the rights of vaccine refusers are envisaged, such as being disallowed a state benefit, refused school enrolment, to public transport or restaurants to public transport or restaurants. The UK abhors

any form of coercion. By contrast, in the Indian state of Meghalaya, its High Court has ruled in one case in June this year that vaccination cannot be made mandatory (Registrar General, High Court of Meghalaya v. State of Meghalaya). Unhappy litigants had filed a petition challenging directive making it compulsory for vendors, shopkeepers, and others to get themselves vaccinated.

The Meghalaya High Court said the "Right to and the welfare policy for vaccination can never affect a major fundamental right; i.e., right to life, personal liberty and livelihood, especially when there exists no reasonable nexus between vaccination and prohibition of continuance of occupation and/or profession." The court said, "The question also arises whether the fundamental right can be forcefully imposed even if the beneficiary is not inclined to its exercise, because, if the latter is undertaken, then there is a risk of running into infringing on the fundamental right to privacy and exercise of personal liberty." The decision compared forced vaccination to forced sterilization or surgery and underscored the importance of the right to privacy and liberty. Compulsory administration of a vaccine without hampering one's right to life and liberty based on informed choice and informed consent is one thing. Compulsory vaccination is coercive by its very nature and undermines the right to informed choice and consent.[20]

4. CONCLUSION

Corona Virus Outbreak is a Health and pandemic problem faced by all countries in the world. several policies have been carried out by the state to overcome the spread of COVID-19. Indonesia as one of the countries facing COVID-19 has taken a policy to limit people's travel to prevent an increase in cases of the spread of COVID-19. The policy has obstacles in its implementation, such as public compliance with existing regulations.

Indonesia as a country with a large and democratic population also implements a policy of prohibiting travel on cross-border travel for Indonesian citizens and foreign citizens. The implementation of this policy is outlined in various legal provisions and changes from time to time following developments in the handling of cases of the spread of COVID-19. The imposition travel ban must always be updated in line with developments in handling the spread of the coronavirus so that it does not have the potential to violate human rights. The safety of all people must be a priority (*salus populi suprema lex*) but in protecting human rights, health must not violate other human rights guaranteed in

international human rights law and Indonesian domestic law.

AUTHORS' CONTRIBUTION

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