

# Fulfilment of Right to Health During Pandemic Covid 19 in East Java

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## ABSTRACT

Corona Virus the World Health Organization (WHO) has declared Corona Virus Disease 2019 (Covid 19) a pandemic. The spread of Covid 19 in Indonesia is currently being affected because Covid 19 is increasingly spreading across regions and across countries accompanied by an increase in the number of cases and/or the number of deaths. But it is slightly decreased currently. Indonesia in dealing with this pandemic will refer to Law Number 6 of 2018 concerning Health Quarantine. One of the provinces most affected because it is marked by the high number of people infected is East Java Province. As of September 2021, the number of COVID 19 patients is approaching 394.382 people. Therefore, the East Java Government is obliged to enforce the rules regarding health quarantine in order to suppress the growth rate of Covid 19 and fulfil right to health the citizens. It is necessary to examine the implementation of these regulations to protect right to health citizens of East Java with empirical legal research focuses on the application of laws in society. The East Java government implements health quarantine by implementing Large-Scale Social Restrictions (PSBB), budget refocusing, and other tactical policies to protect health to right all citizens such as constitutional mandates and laws. The East Java government implements health quarantine by implementing Large-Scale Social Restrictions (PSBB), budget refocusing, and other tactical policies to protect all citizens such as constitutional mandates and laws. The implementation of the legal substance regarding health quarantine becomes a reference to measure the extent of the community's legal culture and the quality of enforcement of this health quarantine rule in East Java.

**Keywords:** Right to health; Covid 19, East Java

## 1. INTRODUCTION

Indonesia is still struggling to overcome the spread of Covid 19, even though it is considered to have succeeded in passing the second wave with the emergence of a new variant called the Delta variant. The results of data exposure from the Government as of August 9, 2021, the number of people exposed to Covid 19 in Indonesia was 4,147,365 people, 3,876,760 people recovered, and 137,782 people died. In July, during the peak of the spread of Covid 19, Indonesia was several times ranked as the second highest daily case in the world.[1] These are the most difficult times experienced by this nation caused by a new variant called the delta variant which both the speed of spread and the ferocity exceed the previous virus variant.

Coronaviruses are a large family of viruses that cause illness ranging from mild to severe symptoms. There are at least two types of coronaviruses that are known to cause diseases that can cause severe symptoms such as Middle East Respiratory Syndrome (MERS) and severe

acute respiratory syndrome (SARS). Coronavirus Disease 2019 (COVID 19) is a new type of disease that has never been previously identified in humans. The virus that causes COVID 19 is called Sars-CoV-2. Corona virus is zoonotic (transmitted between animals and humans). Research says that SARS was transmitted from civet cats to humans and MERS from camels to humans. Meanwhile, the animal that is the source of the transmission of COVID 19 is still unknown. Common signs and symptoms of COVID 19 infection include symptoms of acute respiratory distress such as fever, cough and shortness of breath. The average incubation period is 5-6 days with the longest incubation period being 14 days. In severe cases of COVID 19 it can cause pneumonia, acute respiratory syndrome, kidney failure, and even death. Clinical signs and symptoms reported in the majority of cases were fever, with some cases having difficulty breathing, and X-rays showing extensive pneumonia infiltrates in both lungs.[2]

Corona Virus Disease 2019 (COVID 19) is a problem experienced by all countries in the world today. The World Health Organization (WHO) has declared COVID 19 as a pandemic. The spread of COVID 19 in Indonesia is now increasingly widespread across regions and across countries, accompanied by an increase in the number of cases and/or the number of deaths. Indonesia in dealing with this pandemic will refer to the existing rules.[3] All that rules are enforce to fulfil right to health during pandemic.

On March 12, 2020, the World Health Organization (WHO) declared that COVID 19 was a pandemic. Even today, it is still categorized as a pandemic when referring to the number of cases that have emerged throughout the world.[4] This means that all legal products under or at a lower degree with this Law must not conflict. Ensuring these rules are clear and do not conflict with each other is part of creating legal certainty. So that there are clear rules about certain things, do not cause various interpretations, there are no conflicts with each other, or there are no implementing rules for these rules. So that legal uncertainty (*rechtsonzakerheid*) or legal vacuum (*rechtvacuum*) does not occur.[5]

This situation is increasingly having an impact on the political, economic, social, cultural, defence and security aspects, as well as the welfare of the people in Indonesia, so comprehensive strategies and efforts are needed in accelerating the handling of COVID 19. This acceleration of confectionery is in accordance with the goal with the State according to Aristotle, namely achieving the best life where the rule of law is needed because after all the law is a form of the collective wisdom of citizens.[6] This is where the urgency of rules regarding health quarantine is needed and in 2018, Indonesia was lucky because its legislators had already drafted it.

If referring to Law Number 6 of 2018, what is meant by 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. This is directly related to the implementation of Indonesian human development as a whole, it is necessary to have health protection for all Indonesian people who are spread over various large and small islands which are located in very strategic positions and are on international trade routes, which play an important role in the traffic of people and goods.[7]

Regarding the relationship between the Central Government and Regional Government, it is very necessary to examine how the synergy between the policies of the Central Government and the East Java Regional Government regarding health quarantine in the context of dealing with COVID 19. This study aims to analyse whether in issuing central and regional government policies they are in sync with each other. or even contradictory. If it is contradictory, what is the

background of the inconsistency of the policy and how is it according to the existing laws and regulations. How about efforts to synchronize between the central government and local governments in issuing policies. This is the specific aim of this research.

Observing the increasingly concerning spread and transmission of COVID 19 in Indonesia, the Government has declared a Public Health Emergency of Corona Virus Disease 2019 (COVID 19) in Indonesia.[8] So what must be done is countermeasures in accordance with the provisions of the legislation. As a Unitary State, the Central Government and Regional Governments in handling COVID 19 must work together in dealing with this pandemic. Therefore, the implementation of the Health Quarantine Law in East Java is very important to suppress the spread of Covid 19 to protect right to health of citizens.

## **2. RESEARCH METHODS**

This type of research conducted in this study is empirical normative legal research. The empirical legal research method is a legal research method that functions to see the law in a real sense and examines how the law works in the community. Because this research examines people in life relationships in society, the empirical legal research method can be said to be sociological legal research. It can be said that legal research is taken from the facts that exist in a society, legal entity or government agency. This research will be doing by researching library materials which are also known as secondary data and legal research library (library research). This research is a descriptive analysis, which revealed the legislation relating to the legal theories that the object of research. Descriptive analysis, a method that is used to describe a condition or circumstance that is happening or underway that aim to provide the data as accurately as possible about the object of study so as to dig into things that are ideal, then analysed based on the theory of law or legislation that apply.[9]

## **3. RESULTS AND DISCUSSION**

### ***A. Health Quarantine Rules in Indonesia***

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. Meanwhile, 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.

Indonesia is an archipelagic country with more than 17,000 (seventeen thousand) islands consisting of large and small islands, and has a very strategic position,

flanked by two continents and two oceans, and is in international traffic and trade routes. This condition causes many entrances to the territory of Indonesia which are access to the entry and exit of risk factors for the spread of disease and health problems. Indonesia is one of the countries with the largest population in the world with an uneven density level between Java and outside Java. This situation has the potential to cause health problems, which require the attention of the government and the community in an integrated manner.[10]

This Law on Health Quarantine among others regulates the responsibilities of the Central Government and Regional Governments, rights and obligations, Public Health Emergency, implementation of Health Quarantine at the Entrance, implementation of Health Quarantine in the region, Health Quarantine Documents, Health Quarantine resources, information Health Quarantine, guidance and supervision, investigation, and criminal provisions.

Referring to the Guidelines for the Prevention and Control of the COVID 19 Virus, states that, based on scientific evidence, COVID 19 can be transmitted from human to human through close contact and droplets, not through the air. People who are most at risk of contracting this disease are people who are in close contact with COVID 19 patients, including those who care for COVID 19 patients. Standard recommendations to prevent the spread of infection are through regular hand washing, practicing coughing and sneezing etiquette, avoiding direct contact with livestock and wild animals and avoiding close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing. In addition, implementing Infection Prevention and Control (PPI) while in health facilities, especially emergency units. This guideline becomes one of the references in formulating policies by the government.

Law of the Republic of Indonesia Number 4 of 1984 concerning Outbreaks of Infectious Diseases promulgated on June 22, 1984 confirms that the realization of the highest level of health for the people of Indonesia is one part of the national development goals. The state places the health and safety of every citizen as a top priority for the government in formulating its policies during the epidemic of infectious epidemics. It is also emphasized in this law that the development of technology, science, and international traffic, as well as changes in the environment can affect changes in disease patterns, including patterns of diseases that can cause epidemics and endanger public health and can hinder the implementation of national development.

If referring to the regulations governing health quarantine, a Public Health Emergency is defined as 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 hazards. health and has the

potential to spread across regions or across countries. Covid 19 is certainly included in the category of causing health emergencies. Covid 19 has the potential to cause a health emergency in Indonesia. As a contagious disease, it must be prevented and its spread must be prevented so as not to hinder the national development of this nation.

The government in preventing and preventing the spread of Covid 19 must not hesitate to quarantine. What is meant by 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 that are suspected of being contaminated from people and/or goods containing disease-causing or other sources of contamination to prevent the possibility of spreading to people and/or goods in the vicinity. The context of handling Covid 19, It is understandable if quarantine is carried out for those diagnosed as Covid 19 patients who are suspected of being exposed to Covid 19 even though they have not shown any symptoms or are in the incubation period. Therefore, when the government issues a quarantine policy, the government also needs to translate the policy into more specific policies, both policies for individuals, families, hospitals and regions.

According to the regulations in the health quarantine law, isolation is defined as the separation of sick people from healthy people who are carried out in health care facilities to get treatment and care. But apart from this, in the current context, the term self-isolation is also popularly used. This means that every citizen who wants to self-isolate and of course under the supervision of health workers can be an option. In fact, many of the Covid 19 patients diagnosed as Asymptomatic (OTG) patients are self-isolating. A good understanding of Covid 19 and its transmission and handling to every citizen is very important to do.

The policy to carry out home quarantine is also one of the options that can be taken to ward off Covid 19. Home Quarantine is defined as the restriction of occupants in a house and its contents suspected of being infected with disease and/or contaminated in such a way as to prevent the possibility of spreading disease or contamination. This is done if after carrying out a series of tests or trials, and the household is considered infected with the Covid 19 virus, it would be better if the entire household was quarantined so as not to infect other people. Of course, in carrying out home quarantine, the government must still ensure the survival of every family member in the house. This is where the central government and local governments still have to work together in issuing policies.

After Home Quarantine, another thing that can be done to ward off Covid 19 is the Law on Health Quarantine which defines Hospital Quarantine as a

restriction on a person in a hospital suspected of being infected with a disease and/or contaminated in such a way as to prevent the possibility of spreading the disease or contamination. Currently there are several hospitals that have been decided by the government as referrals for Covid 19. So, not all hospitals are used as referral hospitals. A hospital that is considered adequate to carry out treatment and care for Covid 19 patients. In Jakarta, the Central Government uses Wisma Atlit as a place to accommodate special Covid 19 patients, which functions as a hospital. Due to the high number of Covid 19 patients in Jakarta, which is the nation's capital.

Regional Quarantine is also found in the regulation of health emergencies. Regional Quarantine is the limitation of population in an area including the entrance area and its contents which are suspected to be infected with disease and/or contaminated in such a way as to prevent the possibility of spreading disease or contamination. In this context, certain areas are deemed necessary to tighten the entry and exit of certain people to prevent the spread of the Covid 19 virus from being even more massive. Areas that are considered contaminated are closed and cannot be entered by anyone. In addition, this also applies to areas that have not been contaminated at all so that there is no chance of being contaminated by the Covid 19 virus. A term that is often used in the media or in everyday life, the term regional quarantine often uses the word Lock Down. There are many pressures on the central government to immediately implement Lockdown in Indonesia. But this policy is still being rejected by the government because it is not the best solution considering the various interests of the state.

Unlike the Regional Quarantine or Lock Down, the Indonesian government, both at the central and regional levels, prefers the Large-Scale Social Restriction (PSBB) policy. Existing regulations define PSBB as restrictions on certain activities of residents in an area suspected of being infected with a disease and/or contaminated in such a way as to prevent the possibility of spreading the disease or contamination. The context of PSBB, which is limited to certain activities carried out by the community. For example, activities that cause crowds, mass gatherings, or other public activities that are considered these activities will accelerate the spread of the Covid 19 virus. For certain activities that affect the lives of the general public or to ensure that the wheels of the economy also continue to run so that the country does not collapse and experience an economic crisis that even threatens the resilience of the country. PSBB arrangements will be regulated in more detail in Governor Regulations, Mayor Regulations and Regent Regulations to regulate the handling and prevention of Covid 19 at the regional level.

The second wave of COVID19 is currently affecting Indonesia when 4,444 reported on July 28, 2021 that new cases had reached 47,791, the death toll was 4,444 1,824,

and the cure rate was 43,856. Physical contact restrictions and regional confinement are believed to be is primary prevention efforts, thus passed the work-from-home and study guidelines. As of March 2020, these policies have been in place for more than 4,444 per year. These guidelines were gradually relaxed when there were 4,444 cases, but have been strictly enforced since July 2021.[11] According to the provincial level, there were three provinces, namely DKI Jakarta, West Java, and Central Java, followed by East Java, both contributed greatly to the increase in cases in both the first and second peaks.[12]

Responding to that issue, Instructions of The Minister of Internal Affairs Number 30 Year 2021 About Implementation of Community Activities Restrictions Level 4, Level 3 And Level 2 Corona Virus Disease 2019 In Java And Bali Areas has been issued to follow up the directives of the President of the Republic of Indonesia who instructs to implement the Enforcement of Activity Restrictions Community (PPKM) Level 4 (four), Level 3 (three), and Level 2 (two) Corona Virus Disease (COVID-19) in Java and Bali according to level criteria pandemic situation based on assessment and to complete implementation Instructions of the Minister of Home Affairs regarding Restrictions on Community Activities Based on Level 3 (three), Level 2 (two) and Level 1 (one) and optimize COVID-19 Handling Posts at the Village and Sub-District Levels for Control the Spread of COVID-19.[13]

### ***B. Fulfillment of Right to health by Health Quarantine in East Java***

Regarding the fulfilment of the right to health, Jonathan in his writings assures that health is a human right. Health is a human right to emphasize that human well-being must be fulfilled and that can be achieved beyond what can be achieved if the health approach is part of human rights itself.[14] If it refers to the vision of the founding of the Indonesian nation as stated in the Preamble to the Constitution of the Republic of Indonesia, namely promoting general welfare, it is considered that one of the indicators of achievement of the general welfare is the fulfilment of the right to health of every citizens.

The urgency of fulfilling the right to health as part of human rights can be seen from how adequate the regulation of the right to health is in the form of national legal instruments and international instruments. In general, the regulation in each of these instruments emphasizes that the fulfilment of the right to health is the responsibility of the state where in each of the provisions governing the right to health it is regulated that this right is an individual right and the state is obliged to fulfil and ensure that this right can be enjoyed by every citizen.[15] As part of the fundamental rights, the right to health must be guaranteed and fulfilled.

The state as the holder of the responsibility for the fulfilment of the right to health has obligations in terms of action (obligation of conduct) and obligations towards the results of the fulfilment of the right to health (obligation of results). In terms of the obligation of conduct, the state in this case the government must plan, determine steps and evaluate the steps that have been taken in the fulfilment of these rights. They simply want to ensure that the fulfilment of these basic rights is not neglected.[16] In addition to the context of the obligation of results, the state is obliged to ensure that there are results achieved for the fulfilment of the right to health. Fulfilling the right to health from upstream to downstream is the responsibility of the state.

The fulfilment of the right to health is in line with the ideals of realizing social justice. John Rawls stated that to realize social justice depends on the main subject of the application of the principles of social justice, including state institutions and existing social structures. Therefore, the state has the duty to declare social justice through every existing state organ to distribute justice to the community so that every community enjoys the benefits and fulfils their social rights need.[17]

East Java has been one of the provinces with the highest spread of Covid 19 at the national level. The area to be Red Zone the spread of Covid in East Java is currently in six districts and cities. The red zone means an area that has a high risk of spreading the Corona virus. Data compiled from the Task Force for the Acceleration of Handling Covid 19 in East Java details six districts and cities whose status is red zone, namely Sidoarjo, Probolinggo, Pasuruan City, Pasuruan, Banyuwangi and Malang City.[18] This shows that the East Java Government must pay serious attention to handling COVID 19.

The law stipulates that the Central Government and Regional Governments are responsible for the availability of the necessary resources in the implementation of Health Quarantine. As previously explained, governors, regents, and mayors as the Chair of the Task Force for the Acceleration of Handling Corona Virus Disease 2019 in the regions, in setting policies in their respective regions must pay attention to the policies of the Central Government. Article 12 of Law No. 4 of 1984 stipulates that (1) the Head of the local Region/Region who knows of a suspected outbreak in his area or a suspect with an infectious disease that can cause an epidemic, is obliged to immediately take necessary countermeasures. (2) The countermeasures as referred to in paragraph (1) shall be regulated by laws and regulations.

Article 49 of Law No. 8 of 2018 concerning Health Quarantine stipulates that (1) In order to take action to mitigate risk factors in the region in a Public Health Emergency situation, Home Quarantine, Regional Quarantine, Hospital Quarantine, or Large-Scale Social

restrictions are carried out by Health Quarantine officials. (2) Home Quarantine, Regional Quarantine, Hospital Quarantine, or Large-Scale Social Restrictions as referred to in paragraph (1) must be based on epidemiological considerations, threat magnitude, effectiveness, resource support, operational technical, economic, social, cultural, and security.

Article 59 (1) Large-Scale Social Restrictions are part of the Public Health Emergency response. (2) Large-Scale Social Restrictions are aimed at preventing the spread of Public Health Emergency diseases that are occurring between people in a certain area. (3) Large-Scale Social Restrictions as referred to in paragraph (1) shall at least include: a. school and workplace holidays; b. restrictions on religious activities; and/or c. restrictions on activities in public places or facilities. (4) The implementation of Large-Scale Social Restrictions coordinates and cooperates with various related parties in accordance with the provisions of laws and regulations. The context of East Java, the Province in this case the Governor decided to treat PSBB.

The East Java Provincial Government's policy regarding COVID 19 was initiated by issuing East Java Governor Regulation No. 18 of 2020 concerning Guidelines for Large-Scale Social Restrictions in Handling Corona Virus Disease 2019 (Covid 19) in East Java Province. This regulation was issued on April 22, 2020. Although the central government's policies through regulations and decisions regarding Covid 19 were issued in March. Both regarding the determination of Covid 19 as a non-natural disaster as a national disaster, the provision of a health emergency, the determination of the task force for the acceleration of handling Covid 19 and regarding the implementation of the PSBB.

The East Java Provincial Government also issued regional regulations. The East Java Regional Government subsequently issued East Java Governor Decree Number 188/108/KPTS/013/2020 concerning the Emergency Status of the Disease Outbreak of Corona Virus Disease 2019 (COVID 19) in East Java. [19] Changes to the rules were made based on the evaluation results from the previous PSBB preparation stage, it is necessary to make some adjustments to the PSBB implementation. For example, during the implementation of the PSBB, restrictions were placed on the work process in the workplace. During the limitation of the work process in the workplace/office as referred to, it is replaced with the process of working at home/residence to maintain worker productivity/performance. During the limitation of the work process at the workplace/office as referred to in paragraph (1), the employee or security officer must still be assigned to guard the workplace/office.

This PSBB does not apply to all government offices/agencies, both central and regional, including representative offices of other countries based on

arrangements from the relevant ministries. state/regional-owned enterprises participating in the handling of COVID 19 and/or meeting the basic needs of the community, following the arrangements of the relevant ministries, Provincial Governments and/or Regency/City Governments. business actors engaged in the health, energy, logistics, hospitality, construction and strategic industries sectors.

In addition, during the PSBB period, the rules mentioned above are also regulated to give special attention to every employee who has co-morbidities such as high blood pressure, heart disease, diabetes, cancer, pregnant women and aged 60 years and over. Implementation of the protocol to prevent the spread of COVID 19 in the workplace. Regarding the activities of providing food and beverages, the person in charge of restaurants/restaurants/like businesses has an obligation to do the things regulated in these rules in order to prevent the spread of Covid 19. Hospitality services also do some important things according to these rules. Likewise, construction services. The Regent/Mayor may add a category of workplace/office that is exempt from restrictions on the work process and regulate it technically,

PSBB is also applied in terms of religious practices. During the implementation of PSBB, the form of restrictions on religious activities is religious activities carried out at home and attended by limited families, by keeping everyone at a distance. In addition, the use of public facilities is also regulated during the PSBB for any activities. Restrictions on activities in public places or facilities as intended are excluded for residents' activities for supermarkets, minimarkets, markets, shops or places for selling medicines and medical equipment for food needs, basic necessities, essential goods, fuel oil, gas, and energy as well as for health service facilities or other facilities in the context of fulfilling health services as well as public places or facilities to fulfill other basic needs of the population, including sports activities. The Regent/Mayor can add categories of population activities that are excluded from restrictions on activities in public places or facilities, can regulate them technically and are guided by health protocols.

In serving the needs of the population during the implementation of the PSBB, business actors are required to comply with the provisions for limiting activities, prioritizing ordering goods online and/or remotely with delivery service facilities, contributing to maintaining economic stability and the purchasing power of consumers of goods by not increasing the price of goods, spraying disinfectants. periodically at the place of business. In addition to detecting and monitoring the body temperature of employees and consumers entering the market/store and ensuring that employees who work are not sick or showing symptoms of body temperature above normal, coughing, runny nose, diarrhea and

shortness of breath, and in the event that there are indications as intended then the business actor reports to the nearest health service centre or the Provincial Covid 19, Task Force, requires buyers to use masks and apply distance restrictions between fellow consumers (physical distancing) who come to the market/store at least within 1 (one) meter. Another important thing is that it requires every employee to use masks and work clothes in accordance with occupational safety and health guidelines and carry out recommendations for washing hands with soap and/or hand sanitizers as well as providing adequate hand washing facilities that are easily accessible to consumers and employees.

In connection with the increasing number of transmissions and people exposed to Corona Virus Disease 2019 (COVID-19), and the end of East Java Governor Decree Number 188/357/KPTS/013/2021 concerning the Tenth Extension of the Implementation of Restrictions on Micro-Based Community Activities and Optimizing Command Posts Handling Corona Virus Disease 2019 at the Village and Sub-District Levels to Control the Spread of Corona Virus Disease 2019 in East Java Province, a more optimal and massive COVID-19 prevention policy is needed. The Government of East Java has issued Governor's Decree (Kepgub) 188/379/KPTS/013/2021 concerning the Implementation of Emergency Community Activity Restrictions (PPKM). In the first dictum of the Governor's Decree, it was decided that the Emergency PPKM and the Optimization of the Covid-19 Handling Command Post at the Village and Sub-District Levels in East Java were valid in 38 districts/cities without exception. This Governor's Decree will not be different from the Instruction of the Minister of Home Affairs (Inmendagri) regarding Emergency PPKM. Implementation of the Implementation of the Corona Virus Disease (COVID-19) Emergency Community Activity Restrictions (PPKM) and optimizing the COVID-19 Handling Posts at the Village and Sub-District Levels to Control the Spread of COVID-19 in all Regencies/Cities in East Java in accordance with the level criteria that have been regulated in the Governor's Decree.[20]

Right to health for Covid 19 is need to be fulfilled when bed occupancy rate for hospitals in big cities in Java is already above 80 percent. This certainly shows an indicator of the severity of the Covid-19 pandemic situation in Indonesia. The high bed occupancy rate (BOR) in Indonesian hospitals also shows the massive transmission of Covid-19, which is now dominated by the Delta variant. What the government did during this situation was to increase the availability of beds for patients and empower several places such as fields or sports buildings as emergency hospitals to accommodate patients when the positive rate of Covid patients rose drastically. Based on data as of August 19, 2021, compared to data as of July 3, 2021, the BOR of the COVID-19 Referral Hospital in East Java showed a

significant decrease and was already below the WHO standard of 60%. Where for ICU BOR from 78% it fell to 56%, ordinary Isolation BOR from 81% decreased to 37%, Field Hospital BOR from 69% decreased to 28%, and Home Quarantine BOR decreased from 50% to 23%.

In this Covid 19 pandemic, the East Java government launched a free oxygen service to ensure the availability of oxygen in hospitals and other places where residents are self-isolating because the need for oxygen for hospitals and isoman in the local area has indeed increased very significantly. The government has prepared a free oxygen refill post that will be open 24 hours to meet the needs of the community, especially those who are self-isolating due to exposure to COVID-19. Every day, 500 cubic meters are provided or 500 oxygen cylinders measuring 1 cubic meter are provided for each service point. The East Java government has received oxygen assistance from several companies, such as PT Pertamina Gas as much as 50 tons of oxygen and 9 tons of liquid oxygen from the National Disaster Task Force of State-Owned Enterprises (BUMN) in East Java. All these efforts have been helped many citizens in East Java.

Fulfilment right to health also ensured by government in East Java with vaccination massively. The government is increasingly being enforced, especially in East Java. The following is the development of the Covid-19 vaccination rate in East Java based on data obtained through the vaccine website.kemkes.go.id by the updated data as of September 21 at 18.00 WIT. Of the vaccination targets as many as 31,826,206 participants which include health workers, the elderly, public officials, vulnerable communities, and the general public, aged 12-17 years, globally, the total participants for the first dose of vaccination have reached 40.94 percent or as many as 13,030,591 participants. Meanwhile, the total participants for the second dose of vaccination have reached 21.61 percent or as many as 6,878,494 participants. In detail, the vaccination of Health Human Resources has exceeded the target of 189,907 participants, Health HR in East Java who have received the first dose of vaccination by 142.47 percent or as many as 270,561 participants, then for the second vaccination by 133.47 percent or as many as 253,467 participants. Likewise for public officials who have exceeded the target of 2,070,774 participants. For the first dose of vaccination, it was 220.32 percent or 4,562,239 participants, while for participants who had received the second dose of vaccination 113.46 percent or 2,349,548 participants. Meanwhile, of the elderly target of 4,335,549, 24.29 percent or 1,053,275 participants who have now received the first dose of vaccination and 16.17 percent for the second dose or 700,865 participants. Then for the general public and vulnerable people with a target of 21,463,835, 31.21 percent or 6,685,383 participants had received the first dose of vaccination and 15.35 percent or 3,267,762 participants had received the second

dose of vaccination. For the target age of 12 -17 years, 3,586,141 participants, 10,84 percent or 388,672 participants had received the first dose of vaccination, and 7.03 percent or 252,225 participants had received the second dose of vaccination.[21]

Active COVID-19 cases in East Java are slowly starting to decline. Currently, there are 4 regencies/cities in East Java that are still COVID-19 red zones. The handling of COVID-19 in East Java has shown significant results. From the current status of East Java, it is level 3 from the previous 4. The red zone zoning has decreased significantly from 15 to only 4 regions. Areas that have become COVID-19 yellow zones have also increased in East Java. From the beginning there was only one area, now it is 9 regions. Currently, in October 2021, there are 4 red zones in East Java, Ponorogo, Nganjuk, Batu City, Blitar Regency. COVID-19 Orange Zone (25 regencies/cities): Jombang, Madiun Regency, Trenggalek, Ngawi, Gresik, Surabaya City, Mojokerto City, Bondowoso, Pasuruan Regency, Probolinggo Regency, Mojokerto Regency, Blitar City, Probolinggo City, Kediri Regency, Regency Malang, Sidoarjo, Banyuwangi, Kediri City, Lumajang, Jember, Magetan, Pacitan, Tulungagung, Malang City, Madiun City. COVID-19 Yellow Zone (9 districts/cities): Sampang, Sumenep, Pasuruan City, Lamongan, Bojonegoro, Bangkalan, Tuban, Pamekasan, Situbondo.

#### **4. CONCLUSION**

The fulfilment of the health rights of every citizen of the province of East Java is carried out by the East Java Government with various efforts. Efforts to protect the public from the transmission of Covid 19 through preparing rules as the basis for policies. One of them is through Governor Regulation No. 18 of 2020 concerning Guidelines for Large-Scale Social Restrictions in Handling Corona Virus Disease 2019 (Covid 19) in East Java Province. This regulation regulates in detail how to administer health protocols, mechanisms for controlling the transmission of Covid 19, regulating public activities and other technical matters. In addition, the Government has also sought the availability of health services by increasing the capacity of the availability of hospitals and making other solutions by making emergency hospitals in the field and sports buildings. The government has also made every effort to provide vaccines as much as possible by collaborating between institutions. The fulfilment of the right to health is also carried out by providing free oxygen filling and increasing its availability by collaborating with the private sector and other government institutions. Tracing, testing, treatment is also maximized to overcome this Covid. Governor Regulation No. 18 of 2020 concerning Guidelines for Large-Scale Social Restrictions in Handling Corona Virus Disease 2019 (Covid 19) in East Java Province was also issued to overcome the transmission of covid due to

the new virus variant, namely the Delta variant which caused the occurrence of a second wave in Indonesia as well as East Java. The policy of implementing restrictions on community activities based on the instructions of the Minister of Home Affairs by dividing the area with various levels also looks optimal in solving the pandemic problem in East Java. It is proven that the current rate of transmission of Covid in East Java has decreased and is sloping.

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