

Evaluation of Indonesia Covid-19 Testing and Tracing Policy in a Biopolitical Approach

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ABSTRACT

The COVID-19 pandemic is not only a national focus, but also a global problem for all countries. The losses incurred not only make every government to carry out all programs both preventive and curative in nature to suppress the spread of this virus in each country. In Indonesia, the policies implemented to suppress the spread of the virus are also carried out optimally. Policies related to social restrictions, health human resources, special services for Covid-19 infections to tracing and testing policies are also the focus of the Indonesian government. Policies related to tracing and testing had become a polemic in Indonesia. The reason is, in terms of testing, it is not only aimed at finding out whether the individual is infected, but also as a travel requirement, both domestic and foreign. Often the tracing and testing policy changes, it is suspected that the studies carried out by the government are not strong and there are economic elements in the background. Biopolitics in Foucault's theoretical concept is understood as the intersection of the subject of human studies as biological beings and also the state as a political institution. Foucault's thinking in the concept of biopolitics is not only limited to the political aspects of health but also health-related policies made by the state and the aspiration to improve the standard of living of citizens. The effects of the COVID-19 pandemic certainly meet the requirements in biopolitical studies because of their impact which not only affects the development life of the country, but also reduces the standard of living and the population of citizens. This study discusses how the Covid-19 Tracing and Testing policy becomes a problem because it changes frequently. Using a biopolitical approach, this qualitative research describes the evaluation of the Covid-19 Tracing and Testing policy.

Keywords: *Biopolitics, Covid-19, health policy, tracing and testing.*

1. INTRODUCTION

The Covid-19 pandemic globally and also in Indonesia has not only had an effect on health aspects but also decreased national development, economic crisis, social problems, and even had an impact on the problem of drastically reducing the population of citizens due to the effects of this virus infection. Countries in the world are racing against time and also the mutation of the SARS-Cov19 virus to find not only practical solutions, but also curative and preventive solutions so that global and national impacts can be suppressed or even avoided.

The Indonesian government, in general, in terms of protecting the health of citizens, guarantees the existence of government responsibility on the basis of the 1945 Constitution in Article 28H paragraph 1 [1].

This means that in the context of the Covid-19 pandemic problem, the government provides guarantees related to the handling of the pandemic nationally through the social security and health policies of citizens outside the National Health Insurance (JKN) which had been running before the pandemic.

In its development, the manifestation of the implementation of Article 28H Paragraph 1 is described in more detail in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/4344/2021 concerning Technical Instructions for Claims for Reimbursement of Services for Corona Virus Disease 2019 (Covid-19) Patients. Financing for Covid-19 patients guaranteed by the state includes service administration, diagnostic support checks, actions, doctor services, provision of medical equipment, medicines, ventilators to funeral rehab.

In June 2021, when the transmission of the Delta variant of Covid-19 spread in Indonesia. Medical facilities, both state-owned and private, from large hospitals to puskesmas at the village level, are overwhelmed not only in terms of providing treatment but also in terms of human resources for health workers. The testing facilities for diagnosing Covid positive patients are also overwhelmed, even piling up for days. The longest waiting record for PCR results is 28 days. Even close contact tracing efforts were not carried out well, because people prefer to carry out self-test efforts with faster results and self-medicating. The government made a lot of breakthroughs to distribute drugs, but in the end, people who were not reached chose to buy their own medicines with very scarce availability at public pharmacies. Even in tracing and testing efforts, the government's policy of only admitting Covid patients initially by PCR, was lowered the standard only by using an antigen test [2] which results are faster and cheaper, although the results are still not as accurate as PCR.

Data as of November 10, 2021 shows that Indonesia's position in terms of testing is ranked 148 with a comparison of 177.106 out of 1 million people [3]. The data shows that testing and tracing efforts are still low, even though the current graph of Covid-19 patients in Indonesia is sloping.

The implementation of tracing and testing in Indonesia is regulated in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/4641/2021 concerning Guidelines for the Implementation of Examination, Tracking, Quarantine, and Isolation in the Context of Accelerating Prevention and Control of Coronavirus Disease 2019 (COVID-19). [4] Testing in this policy is defined as an activity carried out for diagnosis. Meanwhile, tracking is an activity carried out to find and monitor close contacts of confirmed cases or probable cases of COVID-19 cases through laboratory tests.

The examination is carried out based on the criteria for the access area and the speed of the NAAT (Nucleic Acid Amplification Test) examination. Entry and exit tests are carried out using the criteria for the access area and the speed of NAAT inspection following the applicable regulations. For the criteria area A, the NAAT examination is used for entry and exit checks. For the criteria B area, RDT-Ag is used for entry checks followed by NAAT examinations for exit checks. For criteria C, entry and exit checks are carried out using RDT-Ag.

In the case of COVID-19 detection, laboratory examinations are prioritized for suspected cases, close contacts, health workers, and people living in closed facilities that have a high risk of transmission (places with close distance conditions such as dormitories,

nursing homes, prisons, detention centers, and other places that are closely spaced). shelter).

The health center and its network are tracing close contacts of positive confirmed cases of COVID-19. In carrying out tracking, Puskesmas and their networks can involve tracers from health and non-health workers. Non-health tracers come from cadres, TNI and POLRI or other community components who have received on-the-job-training from the Puskesmas.

Ideally, the application of these regulations should be tested on citizens who are suspected or have symptoms. In fact, the majority of Covid-19 tests are carried out by individuals who want to travel outside the region [5]. Covid-19 tests in Indonesia have increased significantly since the beginning of last July. However, tens of thousands of tests were not carried out on new people, aka repeat tests. That is one of the factors that makes Covid-19 tests not optimal for detecting new cases.

Ministry of Health data collected by Kawal Covid-19 shows that there are hundreds of thousands of tests carried out in Indonesia every day. In the range of August 16-31 2021, the number of tests ranged from 122,000 to close to 250,000 specimens per day. However, the number of people tested was only about 60% of the number of specimens. That is, about 40% of the rest are tests that are not carried out on new people [5].

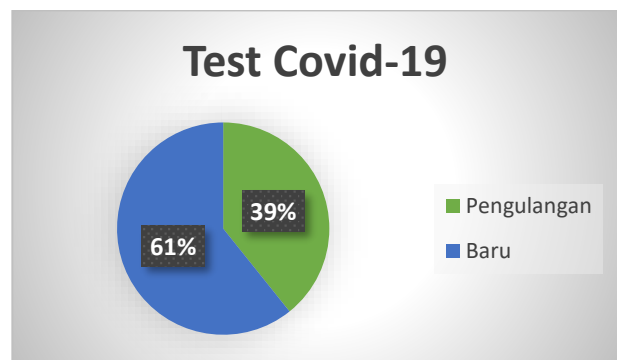


Figure 1 Perbandingan Spesimen Test Covid-19 (Sources: Kawal Covid-16 in range August 16th-31th, 2021)

Biopolitics in Foucault's theoretical concept is understood as the intersection of the subject of human studies as biological beings and also the state as a political institution [6]. Political scientists generally examine the responsibility of the state in terms of health – especially in the context of a pandemic – from the side of health policy as a derivative of public policy studies. Foucault's thinking in the concept of biopolitics is not only limited to the political aspects of health and also health-related policies made by the state. In general, the

ideal of this biopolitical concept is to ensure, sustain, and multiply the quality of human life as citizens.

Testing and tracing in determining whether citizens are infected with the corona virus or not are part of current biopolitical applications. The policies produced by the government are as an effort to improve the quality of life and as a protection for citizens. Tracing and testing will increase protection for healthy citizens and hasten treatment for infected citizens.

2. RESEARCH METHODS

This research was conducted with a qualitative method in which the researcher analyzed socio-political phenomena that occurred and were described in accordance with biopolitical analysis and policy evaluation. The data source of this research is literature study. The literature collected is secondary data in the form of statutory policies, regulations of the ministry of health and cases that are considered relevant. The research range was carried out over a period of 6 months starting from April to September 2021.

3. DISCUSSION

3.1 Biopolitics by Foucault

In the study of Biopolitics, it is actually a combination of two concepts related to human existence initiated by Foucault, namely biopower and anatomy-politics. Biopower is a concept that generally links life and its mechanisms into explicit calculations and the creation of knowledge and power (power-knowledge) as agents for the transformation of human life. This concept considers and treats humans who are actually living beings, no longer as legal and political subjects. Biopower assumes that human biological existence is the target of political control and intervention strategies. While political anatomy is a concept related to political strategy that collectively considers humans as species. Political anatomy for the human body to be more productive and obedient. This concept is closely related to the biological problems of the population, for example: reducing mortality and morbidity rates, regulating birth rates, and increasing average life expectancy [7].

Socio-political and legal studies view humans as social and legal creatures, while Foucault places the biological aspects of humans in the political order and sees humans as living beings not as legal and social subjects. Foucault makes it clear that humans are living beings and biological beings. Human life provides an opportunity for the entry of power to the body. The goal is to optimally secure the biological stability of the population. Biopolitics is a form of government intervention to create order, discipline, stability, and community productivity. The forms of health regulation

and intervention carried out by the government are through the establishment of modern health institutions that are in line with the universal health order [8].

The output of the application of biopolitics in a macro context is that the state uses its power to govern, discipline, monitor health, and seek the welfare of the population by providing social security. Control in this application effort is not only carried out by the central government as a power center, but also decentralized or even becomes the awareness of local governments to be developed in their regions [9]. In terms of handling COVID-19 in Indonesia, the central government has budgeted for social assistance and also financing for post-curative citizens, and in regions such as in Surabaya, this effort from the central government has been added to the policy of working hours for health centers to become 24 hours for covid services, establishing healthy homes. in each sub-district and carry out antigen tests as an effort to quickly trace and test.

Technically, the working mechanism of biopolitics is not by coercive efforts but by habituation, conditioning and assistance to citizens. Are there any prohibitions in biopolitics? There are still prohibitions but they are refined and conditioned in terms of rational suggestions for certain actions. Physical control over these recommendations and prohibitions emphasizes the benefits of actions taken by citizens. For example, in the anti-stunting policy, citizens are not given sanctions and punishments by the state if they do not provide proper nutrition for their babies, but the state through health workers educates the negative impact if there has been a slowdown in nutrient absorption such as a decrease in IQ, motor development delays, language delays and delays. child's physical growth. Finally, parents also think about the negative impact that will occur and want to follow and implement a balanced lifestyle and nutrition according to the needs of their children.

Biopolitics is reflected in the government's efforts to build a healthy society through modern health programs to prevent and deal with the spread of the COVID-19 virus. Biopolitics is carried out through health regulations carried out by an institution on the authority of the state to create good for all citizens. In this case the authority is owned by the Ministry of Health of the Republic of Indonesia. Regulation is realized in the form of a modern health system based on medical knowledge such as the construction of hospitals, health centers, clinics, laboratories, etc.

3.2 Testing and Tracing of Covid-19

Policies related to testing and tracing Covid-19 in Indonesia are regulated in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/4641/2021 concerning Guidelines

for the Implementation of Examination, Tracking, Quarantine, and Isolation in the Context of Accelerating Prevention and Control of Coronavirus Disease 2019 (COVID-19). 19). Tracking and tracing are generally carried out for close contacts of Covid-19 patients.

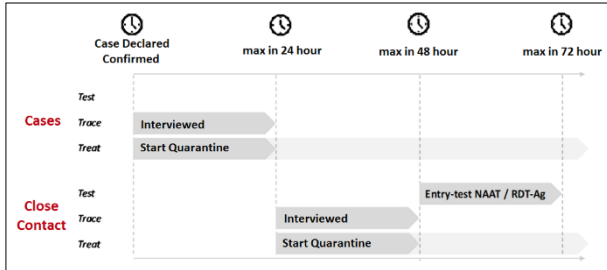


Figure 2 Timeline of targets and indicators of achievement of inspection, tracking, quarantine and isolation (Sources: KMK-RI HK.01.07/MENKES/4641/2021)

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The reality is that testing and tracing, especially testing, is carried out independently by citizens for traveling or outside health problems. Testing carried out by state authorities is for patients and close contacts only. Even though it is symptomatic, it will be difficult

to carry out testing by state authorities. Independent testing can be done but at a very high cost. It is recorded that in the period until September 2021, the price for a one-time PCR test is Rp. 750,000 to Rp. 1,500,000.

3.3 Evaluasi terhadap Kebijakan Tracing dan Testing Covid-19 di Indonesia

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Biopolitics is reflected in the government's efforts to build a healthy society through modern health programs to prevent and deal with the spread of the COVID-19 virus.

Testing and tracing regulations are made in the form of Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/4641/2021 concerning Guidelines for the Implementation of Examination, Tracking, Quarantine, and Isolation in the Context of Accelerating Prevention and Control of Coronavirus Disease 2019 (COVID-19). The policy contains objectives, indicators and targets from tracing, testing to isolation.

Biopolitics is reflected in the government's efforts to build a healthy society through modern health programs to prevent and deal with the spread of the COVID-19 virus.

Testing and tracing carried out from April to August 2021 is not only an effort to treat patients and tracing to close contacts, but also as a condition for traveling or entering certain cities.

As a result, testing for COVID-19 is considered to be an economic commodity and benefits certain parties, especially entrepreneurs in the medical field and hospital services.

Not only is it a problem with the issue of economic commodities, there have also been violations and fraud in testing for covid (used antigens). And the government is claimed not to be present in the problem of testing violations. Still in the same period, the entry of the delta variant turned out to make tracking and testing very slow. The unpreparedness of the facilities, the piling up of queues and the very fast quantity of the virus were deemed to have failed to be predicted by the state.

The central government's policy regarding the handling of covid was finally taken over by the regions with various practical innovations with the aim of reducing, stopping the spread and treatment of positive COVID patients.

Best practices by local governments tend to be included as biopolitical intervention efforts to increase

patients' life chances and massive and rapid tracing of close contacts is carried out.

4. CONCLUSION

Biopolitics is reflected in the government's efforts to build a healthy society through modern health programs to prevent and deal with the spread of the COVID-19 virus. A reflection of the government's efforts in handling Covid-19 is by enforcing policies on the Implementation of Inspection, Tracking, Quarantine, and Isolation.

In practice, local government policies in suppressing the spread of COVID-19 are considered more efficient and faster. Independent testing and tracing by the community was initially only for travel purposes, but turned into a need for health confirmation. Public awareness for testing and tracing is formed not only through the norm of the effects of implementing policies but also the effects of the massive spread of COVID-19.

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