



Legal Certainty as a Form of Assurance of the Rights to Health Services for People Affected by the COVID-19 Virus in the Context of Protecting Human Rights

Aurelia Neyshanda Dascha Wibawa^(✉) and Sunny Ummul Firdaus

Faculty of Law, Sebelas Maret University, Surakarta, Central Java, Indonesia
aurelianeysha@gmail.com

Abstract. The purpose of writing this article is to find out the extent of the government's responsibility in health services for people who are sprawled by the Covid-19 virus in the context of protecting Human Rights and to find out how health services are like people who are sprawled by the Covid-19 virus in the future. The results of this article's research indicate that Covid-19 patients who are self-isolating are perceived as not having been handled optimally, either in terms of health services or in terms of meeting everyday needs, thus it is extremely important to meet both their medical and non-medical demands. People who urgently require the provision of proper health care may suffer losses as a result of human rights abuses in the sphere of health services, necessitating law enforcement action against those responsible. In this instance, it seeks to guarantee the community's protection from abuses of the right to health.

Keywords: Pandemic · Covid-19 · Healthcare Services · Human Rights

1 Introduction

Globalization has become an unavoidable daily reality. Its process that takes place very quickly and is complex with a wide range of aspects, unstoppable goes into all spheres of human life. Globalization is a multidimensional process in social, economic, political, cultural aspects that moves extensively and intensively into the world community. The currents of globalization of technology and information have increased public awareness of the need for the availability of various types of services to society in a quality manner, including health services.

According to Sri Siswati, who was speaking in reference to the Ministry of Health, everyone can lead a socially and economically productive life when they are in a state of physical, mental, spiritual, and social health [1]. A just and affluent society is formed when there is good health, which is the major capital in the framework of the nation's growth and life [2]. According to the aspirations of the Indonesian nation as expressed in the Preamble to the 1945 Constitution, one aspect of public welfare that must be achieved is health.

© The Author(s) 2023

S. U. Firdaus et al. (Eds.): YICGH 2022, AHSR 65, pp. 81–92, 2023.

https://doi.org/10.2991/978-94-6463-206-4_12

In many facets of social and political life in Indonesia, the law is significant. One of them pertains to the area of health; according to Pancasila and the Constitution of the Republic of Indonesia of 1945 [3], health is a human right and one of the components of welfare that must be achieved. According to Law Number 36 of 2009 concerning Health, every person, family, and community has the right to protection for their health. The state is responsible for enforcing these rights to ensure that everyone, particularly the poor and underprivileged, has access to a healthy life. The government must offer equitable, just, and reasonably priced health services to all societal levels in order to actualize this right. For this reason, the government must work to guarantee that all citizens have fair access to health services.

The masification of health care is a highly relevant topic, especially if it has anything to do with the present COVID-19 pandemic. On March 12, 2020, the WHO classified COVID-19 as a pandemic. Up to 31,186 confirmed cases and 1851 fatalities may occur in Indonesia by June 2020 as the number of cases rises quickly. With 7,623 confirmed cases, the DKI Jakarta Province had the most cases [4]. On March 26, the WHO released six priority initiatives that states must implement in response to the COVID-19 pandemic. These tactics include: Implementing a system for suspected cases, upping test production and enhancing healthcare, locating locations that could serve as coronavirus health centres, creating a plan to contain instances, and refocusing government efforts to control the virus are all necessary [5].

However, health improvement services during the Covid-19 pandemic, especially for those who tested positive, were not optimal. This can be seen from the existence of several cases, such as a self-isolation patient in Bekasi who died suspected of committing suicide [6]. This proves the importance of special attention for patients who are self-isolating, especially if a positive result is known which is the examination on their own initiative, then the patient is not prescribed medication, while symptoms will generally appear after a few days of testing positive.

The world is currently facing a virus outbreak that causes many losses that are not small for our lives. The coronavirus or Covid-19 first appeared in Wuhan, China in December 2019. This virus spreads very quickly and many people are exposed to this virus. The speed with which this virus has spread has taken the world by surprise. The news about many people who suddenly fainted on the streets due to this virus also caused a stir. Excessive fear has caused many countries to enforce policies to close the country and limit activities outside the home. However, these things still do not rule out the possibility that this virus will not enter other countries.

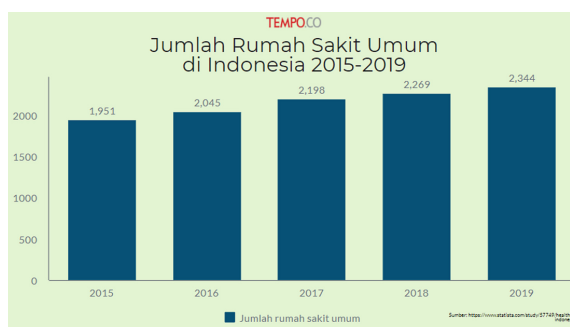
Because at that time various countries began to be affected by this virus. Indonesia is no exception, the first case was found in Indonesia on March 2, 2020. The government confirmed the first and second cases that afflicted a mother and child in the Depok area, West Java. Both were confirmed to be infected with Corona by a Japanese citizen who came to Indonesia in February 2020. After a few days, on March 10, 2020, WHO declared Corona a pandemic, and the Director General of WHO at that time sent a letter to President Jokowi to declare a national emergency [5].

In just one month, the spread of positive cases of Covid-19 in Indonesia has reached 3,512 spread across all provinces in Indonesia. On April 10, 2020, the nightmare came, the establishment of Large-Scale Social Restrictions (PSBB). Prohibition of going from

one area to another, learning activities at school are diverted at home as well as work, restrictions on operating hours of shopping centers, restaurants, and cafes, prohibition of children under 5 years and pregnant women from going to malls, and many other prohibitions and established restrictions [7].

The tradition of going home every Eid is also prohibited during this pandemic in Indonesia. Many things have changed our habits during this pandemic. However, after efforts were made to prevent the spread of COVID-19, it did not end. In early June 2020, the PSBB was again extended and on 28 June 2020, the number of patients who were positively exposed to the coronavirus continued to rise until a number of hospitals in DKI Jakarta began to fill up. In September 2020 the corona in Indonesia began to be under control, so in early 2021 the government began to replace the PSBB with the Enforcement of Restrictions on Community Activities or PPKM. January 13 was the start of the Covid vaccination and President Jokowi was the first person to be vaccinated with the Corona Sinovac vaccine [8].

The existence of a national health insurance programme (JKN), a government initiative with the goal of ensuring that every Indonesian has access to comprehensive health insurance, gives people the assurance they need to live long, healthy lives (SJSN Law). The health social security organising agency administers this programme as a component of the national social security system (SJSN), which is a requirement for all citizens (BPJS). On January 1, 2014, BPJS Kesehatan began implementing the JKN programme; however, this programme ran into a number of difficulties, particularly during the Covid-19 outbreak [3]. when compared to Indonesia's entire population, as shown in Table 1.



Source: [10]

If you look at the number of hospitals, then ideally the number of confirmed positives can be handled in hospitals, so ideally there is no reason for hospitals to be full, but if you pay attention to the number of health workers, where the number of health workers is considered to be still lacking, this is exacerbated by the condition of 401 doctors and hundreds of health workers who died due to Covid 19 until June 2021.

The protection and enforcement of human rights, especially the right to obtain health services, requires effective law enforcement efforts, to prevent the occurrence of forms of acts, whether carried out by the heads of health service facilities or health workers

Table 1. shows that the number of Indonesians as of January 2020 is 270,203,917 people. Where as many as 2,567,630 confirmed cases of covid 19 with a description of 380,797 (14.8%) active cases, 2,119,478 (82.5%) recovered, and 67,355 (2.6%) cases died. The number of hospitals in Indonesia can be seen in picture below:

Tabel 1
Jumlah Penduduk Menurut Provinsi dan Jenis Kelamin, 2020 (jiwa)

Provinsi	Jenis Kelamin		
	Laki-laki	Perempuan	Laki-Laki + Perempuan
(1)	(2)	(3)	(4)
Aceh	2 647 563	2 627 308	5 274 871
Sumatera Utara	7 422 046	7 377 315	14 799 361
Sumatera Barat	2 786 360	2 748 112	5 534 472
Riau	3 276 658	3 117 429	6 394 087
Jambi	1 810 015	1 738 213	3 548 228
Sumatera Selatan	4 320 078	4 147 354	8 467 432
Bengkulu	1 029 137	981 533	2 010 670
Lampung	4 616 805	4 391 043	9 007 848
Kepulauan Bangka Belitung	749 548	706 130	1 455 678
Kepulauan Riau	1 053 296	1 011 268	2 064 564
DKI Jakarta	5 334 781	5 227 307	10 562 088
Jawa Barat	24 508 885	23 765 277	48 274 162
Jawa Tengah	18 362 543	18 153 892	36 516 035
DI Yogyakarta	1 817 927	1 850 792	3 668 719
Jawa Timur	20 291 592	20 374 104	40 665 696
Banten	6 070 271	5 834 291	11 904 562
Bali	2 171 105	2 146 299	4 317 404
Nusa Tenggara Barat	2 656 208	2 663 884	5 320 092
Nusa Tenggara Timur	2 663 771	2 661 795	5 325 566
Kalimantan Barat	2 784 113	2 630 277	5 414 390
Kalimantan Tengah	1 385 705	1 284 264	2 669 969
Kalimantan Selatan	2 062 383	2 011 201	4 073 584
Kalimantan Timur	1 961 634	1 804 405	3 766 039
Kalimantan Utara	370 650	331 164	701 814
Sulawesi Utara	1 341 918	1 280 005	2 621 923
Sulawesi Tengah	1 534 706	1 451 028	2 985 734
Sulawesi Selatan	4 504 641	4 568 868	9 073 509
Sulawesi Tenggara	1 330 594	1 294 281	2 624 875
Gorontalo	591 349	580 332	1 171 681
Sulawesi Barat	720 187	699 042	1 419 229
Maluku	936 478	912 445	1 848 923
Maluku Utara	657 411	625 526	1 282 937
Papua Barat	597 128	536 940	1 134 068
Papua	2 294 813	2 008 894	4 303 707
INDONESIA	136 661 899	133 542 018	270 203 917

who carry out practices or work that violate laws and regulations related to the obligation to provide adequate health services [11]. International Human Rights Law establishes two health-related rules: first, protection of public health, which lawfully restricts human rights; and second, the right to health of individuals and the obligation of the government to provide it.

Restrictions on human rights are embodied in the legacy of public health, while the assessment of these rules using human rights criteria is still a new development. In determining state obligations that have a relation to the basic human right to health, it

is prioritized on the rules for public health, as illustrated in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). This article has subsequently been strengthened in various international instruments for civil and political rights. The implementation of public health rules often contradicts the rights and freedoms of individuals, as well as a large number of matters relating to the protection of personal life, integrity and freedoms that are contrary and/or to laws under the authority of society aimed at protecting public health. Laws taken to prevent the spread of epidemic diseases often limit freedom [12].

Health is a human right and one of the components of welfare that must be realised in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the Preamble to the 1945 Constitution of the Republic of Indonesia, according to the Explanation of the Law of the Republic of Indonesia Number 36 of 2009 concerning Health. As a result, every initiative and effort is made to improve public health to the highest level in accordance with the principles of nondiscrimination, participation, protection, and sustainability. This is crucial for the development of Indonesia's human resources as well as the country's resilience and competitiveness. The substantial thing in legal philosophy is human rights, because one of the purposes of the law is to protect human rights. Law is a tool or means not an objective for which the goal is justice, protection of human rights, order, order or certainty.

In light of the background information provided above, the issue that needs to be researched is how much of a responsibility the state has to offer health treatments for those who have tested positive for Covid 19 in terms of upholding human rights, as well as how to do so going forward. The overall goal of this study is to determine the scope of the state's role in providing health treatments for individuals who have tested positive for Covid 19 in the context of upholding human rights, according to the description in the background that has been developed.

2 Discussion

2.1 Government Responsibility in Health Services for People Affected by the Covid-19 Virus in the Context of Protecting Human Rights

Human rights are privileges that exist only because a person is a fellow being. Mankind has it simply on the basis of his dignity as a human being, not because it was granted to him by society or based on good laws. It can be challenging to distinguish the words "human beings" and "human rights." The Pancasila as the national and governmental concept is where Indonesia gets its human rights. Conceptually, Pancasila's provisions on human rights take both individuals' and society's needs into account. The second commandment of Pancasila primarily reflects the recognition of human rights. With the recognition of health as one of the human rights, which are a set of rights inherent in the essence and existence of man as a creature of God Almighty and are His grace that must be respected, upheld, and protected by the state, the role of the state in meeting the basic needs of the people is very important. This is especially true in the form of comprehensive health services.

The guarantee of human rights protection of the right to receive health care is governed by national laws and regulations as well as international human rights treaties.

It is the duty of the government to uphold human rights in the provision of health services. According to the People's Consultative Assembly of the Republic of Indonesia Number XVII / MPR / 1998 Article 43, the Government is primarily responsible for the protection, promotion, enforcement, and realisation of human rights. Law Number 36 of 2009 concerning Health, as regulated in Articles 14 to 20, governs the government's and municipal governments' responsibilities.

Protection of Human Rights (HAM) is an action or endeavour to safeguard society against the arbitrary actions of leaders who do not uphold the rule of law, to bring about peace and order so that people may enjoy their dignity as human beings. Legal relationships inevitably result in reciprocal rights and obligations; one party's rights become the other party's obligations, and vice versa. In essence, the community has the right to get legal protection from the relevant positive legal regulations since they are legal subjects who have performed their service obligations within the proper legal corridors.

In this instance, it is believed that the government was unable to foresee the corona virus. The management of public communication and the data collection procedure appear to have been impacted by the delay in reacting to the COVID-19 issue. Because of this, it is challenging for Indonesia to acquire different equipment for treating COVID-19 [7]. The Task Force for the Acceleration of Handling Corona Virus Disease 2019 was, on the other hand, established on March 13, 2020, in accordance with Presidential Decree Number 7 of 2020. Following that, it was derived in Decree Number 13 of the Chief of the National Disaster Management Agency. The difficulty in obtaining the tools required to combat COVID-19 is a result of the delay in responding back then. Therefore, the government is making every effort. starting with diplomatic relations with various nations, moving through commercial or business channels, and dealing with intelligence. Due to its lack of preparation, Indonesia is taken aback by the COVID-19 transmission's rapidity. The availability of necessary equipment and the gathering of data, both of which have a significant impact on how COVID-19 is handled, are related to being unprepared. It also has an impact on effective policymaking and public communication. People are perplexed about how to behave as a result. On the other hand, sectoral egos and extensive bureaucracy also limit data collecting [12].

The state or government is the primary counterpart obligation of the right to health when studying it from the standpoint of human rights. In Chapter IV, Articles 14 to 20, of Law No. 36 of 2009, the state's or government's responsibility to achieve the highest right to health are outlined. In this instance, public service can be defined as meeting the needs of individuals or communities having an interest in the company while adhering to the key policies and procedures that have been established. As the primary providers of public services, local governments have a responsibility to better serve the public's needs while upholding democratic and good governance principles. This obligation must be fulfilled on an ongoing basis in order to meet the growing public expectations, which call for an increase in the standard of public services [13].

The Law on Health governs a variety of actions that the government must take to achieve the highest possible level of health. The Health Law's general provision 47 states that "Health efforts are organised in the form of activities with a promotive, preventative, curative, and rehabilitative attitude that are carried out in an integrated, comprehensive,

and sustainable manner.” According to Article 48 paragraph (1), the following actions are used to carry out the health efforts mentioned in Article 47:

1. Health Services;
2. Traditional Health Services;
3. Improved health and disease prevention;
4. Healing of diseases and restoration of health;
5. Reproductive health;
6. Family planning;
7. School health;
8. Sports health;
9. Health services in disasters;
10. Blood service;
11. Dental and oral health;
12. Countermeasures against visual impairment and hearing loss;
13. Dimensional health;
14. Safeguarding and use of pharmaceutical preparations and medical devices;
15. Food and beverage security;
16. Safeguarding of addictive substances; and/or
17. Virtual surgery. To realize an optimal health degree for the community, health efforts are held with a maintenance approach, health improvement (promotive), disease prevention (preventive), disease healing (curative), and health recovery (rehabilitation) which are carried out thoroughly, integrated and sustainable.

Everyone has an obligation to take care of their own health but, not everyone is able to take care of and protect themselves. Because the nature of health is also influenced by other people and the environment that is beyond the control of that person, the government must protect people per person who cannot afford to protect itself. Based on this, if it is connected with the protection of human rights, the state is responsible for the fulfillment of health services for people who have tested positive for Covid-19. One of the government’s responsibility efforts is the existence of a free drug package program for self-isolating COVID-19 patients. Basic food assistance, cash social assistance, village fund BLT, free electricity, pre-employment cards, employee salary subsidies, small micro business BLT. Although in practice it faces various kinds of obstacles and problems. The problem of distributing social assistance is not only a data problem [8, 12].

In addition, during the COVID-19 pandemic, the handling of health service guarantees for people who tested positive, especially for patients who are self-isolating, is considered not optimal. The large number of cases who have died due to COVID-19 who are self-isolating shows that at the practical level, government assistance and policies in health service guarantees have not been implemented properly, plus the existence of human error which has a broad impact, especially for preventing the spread of COVID-19, which is the main goal of the Indonesian state. For example, the test has not been carried out but the results have come out and been declared negative, after being confirmed the reason is because going to print is an unprofessional reason, not to mention the suspected cases of vaccine injections that are only injected without being injected with the vaccine, and so on. Based on this, it is important to coordinate and communicate both vertically and horizontally, as well as not only holding programs, but also the importance

of supervision and evaluation as well as strict enforcement in law enforcement through legal functionalization.

2.2 Health Services for People Affected by the Covid-19 Virus in the Future

In essence, the state is a body that has control over and power over issues that are of a general character in people's lives. In order to grasp the orientation and motivation behind the state's construction and the direction in which the ideals it seeks to fulfil, it is also required to understand and study further about the goal of the state itself, departing from this axis of thought [13]. To be able to offer safety, a sense of security, and what the author emphasises is the welfare and prosperity of the people as much as possible has become a thing that the entire country strongly dreams of. The entire nation is attempting to create a welfare state as a result. In this instance, the state is viewed as only an instrument created by man to accomplish social fairness, wealth, and common goals for all those people.

The government's approach, which forbade citizens from engaging in activities outside the home during the pandemic, was unquestionably in stark contrast to what locals had been doing before the Corona outbreak reached the area. Before the COVID-19 pandemic, community residents interacted openly, communication took place directly, freely, outside the home, and "face-to-face" became a closed, limited exchange. However, with the implementation of government policies to maintain social and physical distance and stay at home policies, these habits, traditions, customs, behaviour patterns, and patterns of community interaction will eventually completely change. The population is undoubtedly affected psychologically by this government strategy and experiences "culture shock," particularly metropolitan residents with high mobility [12]. This fact presents fresh issues and difficulties for the state and society. Following the issuance of the Decree of the Head of BNPB Number 13A of 2020, all levels of government are required to carry out all of their duties as outlined in the relevant legislation because the emergence and spread of Covid-19 is currently a calamity. This Government should satisfy the following obligations, among others [11]:

- Support the availability of health equipment in the field;
- Ensuring the fulfillment of the rights of the community and medical personnel;
- Transparency of information information to the public;
- Policy making that pays attention to the values of human rights and democracy.

Health professionals are required to prioritise the assessment of people who have tested positive for COVID-19 in the current pandemic phase due to social distancing for the community. This assessment must be combined with preparations regarding knowledge of COVID-19, prevention efforts, potential obstacles to carrying out prevention efforts, and modifications that can be made to support social distancing efforts. Due to the community's limited access and financial capacity to social and health services, public welfare must be taken into account.

Based on this, for the sake of legal certainty of service guarantees for the community, it is hoped that in addition to the existing social assistance programs with supervision and evaluation must be increased so that they are accepted by those who are entitled to receive them, so it is hoped that the already good program must be right on target

and effective. In addition, the COVID-19 disaster management program is expected not only to provide free COVID-19 drugs, free vaccine administration, but also to check free antigen swabs, as well as optimize the role of regional governments up to the structure of the Neighborhood Association (RT), where currently the existing services are felt to be not optimal, such as the suspicions from puskesmas that are felt to be not optimal health services for people who have tested positive who run self-isolation [14]. This is especially important for people who are self-isolating but experiencing severe symptoms, but there is no solution because hospitals that accept COVID-19 patients are limited to Government Hospitals only, the rest do not accept. This gives rise to overlapping policies, countries that have full authority should be able to instruct all hospitals, both government hospitals and general hospitals to work together to overcome the spread of COVID-19 [15]. If the patient refers to a private hospital on their own initiative, the cost is borne personally. All facilities and infrastructure including costs should be borne by the Government. This means that all hospitals in Indonesia must be referrals for Covid 19 patients. Meanwhile, the existing COVID-19 referral hospitals are quite far away, so this policy seems to overlap. This can be seen from the presence of two COVID-19 patients who were rejected in several hospitals until they finally died both on the way and who underwent self-isolation.

Based on this, the author is of the view that in order to increase health service guarantees for the community, it is important to improve public services, especially in the health sector by increasing the degree of public health, reducing the mortality rate due to COVID-19, improving the quality of medical devices, free medicines for people who are sick, and others which of course must be balanced with strict supervision and procedures, through improving the competence, integrity and professionalism of government officials including health workers, eliminating overcapacity of positions, increasing supervision and conducting a system of recruitment and placement of officials through strict screening and transparency.

If we compare it with countries that have allowed their citizens to do activities without masks such as the United States, Greece, France, Denmark, Italy, Spain, South Korea, and Iceland, then if all Indonesians comply with their rights and obligations as citizens and the Government also exercises their rights and obligations, then the Indonesian state will be able to get through the COVID-19 pandemic [16].

2.3 Enforcement of Criminal Sanctions Against Violations of Human Rights in Health Services

In the framework of law enforcement against the application of a law, sanctions play a significant role. According to Black's Law Dictionary, a sanction is a provision of a law intended to ensure its enforcement through the imposition of a penalty for violation or the provision of a benefit for compliance. In general, sanctions are laws in the form of accidents due to violations of legal rules. In legal sciences are known civil, criminal and administrative sanctions. Civil sanctions are sanctions due to unlawful acts committed by a person that results in losses to others, therefore, the person who caused the loss is obliged to pay compensation for losses. Criminal sanctions are related to violations of the provisions of the criminal law (public interest / order) and administrative sanctions related to violations of legal provisions and administrative sanctions related to violations

of administrative law provisions set by state administrative officials in carrying out service affairs to the community.

Law enforcement, through the imposition of criminal sanctions against parties who have committed acts that cause the non-fulfillment of human rights in health services, whether carried out by leaders of health service facilities, health workers, individuals or corporations, is regulated in Articles 190 to 201. Leaders of health service facilities and/or health professionals who work or practise in health service facilities who willfully fail to administer first aid to patients who are experiencing an emergency as described in Article 32 paragraph (2) or Article 85 paragraph (2) will face a maximum sentence of 2 (two) years in prison and a maximum fine of Rp. 200,000,000.00. (two hundred million rupiah). The head of the health service facility and/or a health worker may be sentenced to a maximum of 10 (ten) years in jail and a maximum punishment of Rp1,000,000,000.00 if the act mentioned in paragraph (1) causes disability or death (one billion rupiah). If a corporation commits one of the crimes listed in Article 190 paragraph (1), Article 191, Article 192, Article 196, Article 197, Article 198, Article 199, or Article 200, in addition to punishing its management with jail time and fines, the corporation can also be punished with a fine that is three times as harsh as the fine listed in Article 190 paragraph (1), Article 191, Article 192, or A. The corporation may receive extra penalties in addition to the fine mentioned in paragraph (1), including:

- Revocation of business licenses; and/or
- Revocation of legal entity status.

Actions that can reduce the fulfillment of human rights to the right to obtain health services, as regulated by Law Number 36 of 2009 concerning Health, require effective human rights enforcement efforts through cooperation and coordination between government agencies and local governments across sectors with stakeholders such as non-governmental institutions and the community to carry out prevention through socialization and dissemination regarding public health rights, guidance and supervision of health care providers. Violations of the human right to obtain health services need to be legally processed through applicable judicial mechanisms including the imposition of legal sanctions against parties responsible for violations of the right to obtain health services for the community.

3 Conclusion

According to laws at both the national and international levels, the government is required to guarantee that the community has access to health care. In order to handle health care assurances for those who have tested positive, particularly for patients who are self-isolating, the state has a duty. Currently, it is believed that the management of COVID-19 patients who are self-isolating is suboptimal in terms of both the quality of health services and the satisfaction of daily needs, such as immunity-boosting nutrients. not with instant noodles, but with things like milk, fruits, multivitamins, ready-to-eat meals, and others.

If we look at the number of hospitals and the number of health workers, as well as man power plans, namely the community who are cooperative in responding to the

COVID-19 pandemic, as well as the sovereign government, then it should be suspected that Indonesia is able to face the COVID-19 pandemic, but this does not come suddenly the need for increased strict supervision of existing programs and the importance of improving health service guarantees for the community, in addition, it is hoped that there will be no responsibility in overcoming the COVID-19 pandemic through antigen swab examinations and free PCR for all people in addition to of course free medicines and also free vaccines which are the right programs, but it needs to be improved on health services for people who test positive who self-isolate through meeting their medical and non-medical needs.

Violations of human rights in health services that can result in disability, death and property loss are caused by an element of intentionality in not implementing laws and regulations in the field of health services and human rights. This can be caused by weak coaching, supervision and law enforcement.

It is the responsibility of the federal government and local governments to carry out guidance and supervision of the fulfilment of human rights in health services. This includes law enforcement against human rights violations in health services, including those committed by managers of health service facilities, health workers, individuals, and corporations. Law enforcement can be pursued through judicial mechanisms, such as effective investigations conducted by the National Police of the Republic of Indonesia; specific government civil servant officials who oversee health affairs are given special investigative powers; and the National Commission on Human Rights specifically for human rights violations of the right to receive health services. For violations of human rights in the health service, criminal sanctions and fines are imposed.

To prevent acts that can reduce the fulfillment of human rights to the right to obtain health services, as regulated by Law Number 36 of 2009 concerning Health, requires cooperation between government agencies and local governments across sectors; non-governmental and community institutions to monitor, evaluate and report on the fulfillment of human rights in health services.

References

1. Fheriyal Sri Isriawati. (2015). "Tanggung Jawab Negara Dalam Pemenuhan Hak Atas Kesehatan Masyarakat Berdasarkan Undang-Undang Dasar Negara Republik Indonesia Tahun 1945". *Jurnal Ilmu Hukum Legal Opinion*, Vol. 3 No. 2.
2. Hidayat, R. A. (2017). "Hak Atas Derajat Pelayanan Kesehatan Yang Optimal". *Syariah: Jurnal Hukum dan Pemikiran*, Vol. 16 No. 2, page 127
3. Adiyanta, F. S. (2020). Urgensi Kebijakan Jaminan Kesehatan Semesta (Universal Health Coverage) bagi Penyelenggaraan Pelayanan Kesehatan Masyarakat di Masa Pandemi Covid-19". *Administrative Law and Governance Journal*, Vol. 3 No.2, page 279-280.
4. Anis Widyawati, Rasdi Rasdi, Ridwan Arifin, et al. (2020). "Covid-19 and Human Rights: The Capture of the Fulfilment of Rights During the Covid Outbreaks". *UNNES LAW JOURNAL*, Vol. 6 No. 2.
5. Diah Pudjiastuti. (2021). "Kepastian Hukum Jaminan Pelayanan Kesehatan Bagi Masyarakat Yang Dinyatakan Positif Covid-19 Dalam Rangka Perlindungan Hak Asasi Manusia". *Jurnal Dialektika Hukum*, Vol. 3 No. 2.

6. Jing-Li Yue, Wei Yan, Yan-Kun Sun, et al. (2020). “Mental health services for infectious disease outbreaks including COVID-19: a rapid systematic review”. *Psychological Medicine* 50, 2498-2513
7. Nursofwa, R. F., Sukur, M. H., & Kurniadi, B. K. (2020). “Penanganan Pelayanan Kesehatan Di Masa Pandemi Covid-19 Dalam Perspektif Hukum Kesehatan”. *Inicio Legis Fakultas Hukum Universitas Trunojoyo Madura*, Vol 1 No. 1, pages 8–9. Irwansyah Reza Mohamad. (2019). “Perlindungan Hukum Atas Hak Mendapatkan Pelayanan Kesehatan Ditinjau Dari Aspek Hak Asasi Manusia”. *Jurnal Ilmiah Media Publikasi Ilmu Pengetahuan dan Teknologi*, Vol. 8 No. 2.
8. Putri, R. N. (2020). “Indonesia dalam menghadapi pandemi Covid-19”. *Jurnal Ilmiah Universitas Batanghari Jambi*, Vol.20 No.2, page 706.
9. Badan Pusat Statistik. 2020. “Hasil Sensus Penduduk 2020”. <https://www.bps.go.id/pressrelease/2021/01/21/1854/hasil-sensus-penduduk-2020.html>. Accessed on July 28 2022.
10. Christy. 2020. “Jumlah Rumah Sakit Umum di Indonesia 2015–2019”. *Data Tempo*. <https://data.tempo.co/read/985/jumlah-rumah-sakit-umum-di-indonesia-2015-2019>. Accessed on July 28 2022.
11. Rif’atul Hidayat. (2016). “Hak Atas Derajat Pelayanan Kesehatan Yang Optimal”. *Jurnal Hukum dan Pemikiran*, Vol. 16 No.2, 127-134.
12. Waode Mustika, Nova Septiani Tomayahu, Mellisa Towadi. (2012). “The State’s Responsibility in Fulfilling Human Rights during the COVID-19 Pandemic”. *Advances in Social Science, Education and Humanities Research*, Vol. 592.
13. Nilawati Adam, Maria Ana Liwa. (2018). “Pelayanan Kesehatan Dari Kajian Hukum Dan Hak Asasi Manusia”. *Jurnal Ilmu Hukum “THE JURIS”*, Vol. II No. 2.
14. Rachel H. Kim, DBA, Gary M. Gaukler, PhD, Chang Won Lee, PhD. (2016). “Improving healthcare quality: A Technological and managerial innovation perspective”. *Technological Forecasting & Social Change*, 113 (2016), pages 373-378.
15. Roy Moynihan, Sharon Sanders, Zoe A Michaeleff, Anna Mae Scott, et al. (2021). “Impact of COVID-19 pandemic on utilisation of healthcare services: a systematic review”. *BMJ Open*, Vol.11.
16. Sylvain Landry, Martin Beaulieu, Jacques Roy. (2016). “Strategy deployment in healthcare services: A case study approach” *Technological Forecasting & Social Change*

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter’s Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter’s Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

