



The Role of the Community in Strengthening the Health Architecture in the Face of COVID-19

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Abstract. The COVID-19 pandemic is maybe the greatest threat to global health in the current period. This coronavirus sickness has affected even some of the most developed financial and healthcare systems as it has spread over the whole planet. Questions concerning the effectiveness of global response mechanisms, especially the function and applicability of global health organisations, have been raised in light of the growing and mostly unseen global death toll. This study emphasises some of these issues by utilising a reflective content analytic method, highlighting the gap between science, policy, and society. Some of the obstacles to the pandemic response include the funding model for global health, the politicisation of the epidemic, including political blame games, mistrust of the government and other institutions, and the absence of effective accountability mechanisms. However, COVID-19 also offers chances for teamwork that might increase unity between nations. Development, health security, and justice may all be advanced by a pandemic response based on strategic global health diplomacy, vaccine diplomacy, and scientific diplomacy. Despite political disagreements and a lack of cooperation, this pathogen continues to flourish. Although the current global crisis has made social inequities already present in society worse, national harmony and international cooperation are crucial to defeating the COVID-19 epidemic. Development, health security, and justice may all be advanced by a pandemic response based on strategic global health diplomacy, vaccine diplomacy, and scientific diplomacy. Despite political disagreements and a lack of cooperation, this pathogen continues to flourish. Although the current global crisis has made social inequities already present in society worse, national harmony and international cooperation are crucial to defeating the COVID-19 epidemic. Development, health security, and justice may all be advanced by a pandemic response based on strategic global health diplomacy, vaccine diplomacy, and scientific diplomacy. Despite political disagreements and a lack of cooperation, this pathogen continues to flourish. Although the current global crisis has made social inequities already present in society worse, national harmony and international cooperation are crucial to defeating the COVID-19 epidemic.

Keywords: COVID-19 pandemic · reflexive content · political

1 Introduction

At the time of writing, more than 6.2 million deaths have now been reported to WHO, but the actual number is likely much higher. Health systems have been overwhelmed, and many health workers have lost their lives or left their jobs due to exhaustion, stress, and anxiety. The global economy has plunged into the deepest recession since World War Two, forcing 135 million people into poverty and triggering trillions of dollars of stimulus [1]. Widespread misinformation and disinformation has led to confusion and mistrust, divisive families, communities, and societies [2]. Pandemics have exposed and exploited divisions and injustices within and between countries, and gaps in the world's ability to prepare for, prevent, detect, and respond quickly to epidemics, pandemics, and other health emergencies. COVID-19 is hitting the poor and vulnerable the hardest, while reminding even the most privileged that infectious diseases still have the power to overturn not only health systems, but also societies and economies. The risk of new health emergencies continues to rise, driven by the escalating climate crisis, environmental degradation, and increasing geo-political instability, disproportionately impacting the poor and the most vulnerable. Humanitarian crisis affects 300 million people by 2022 [3].

The overall lesson is clear: the world is not ready. But this lesson is an old one, not new anymore. In just this century, epidemics of SARS, H5N1, H1N1, MERS, Ebola and Zika have emerged, followed only by a pattern of panic and neglect, in which concern during an emergency turns to apathy and lack of investment afterward. Dealing effectively with multiple complex and multi-dimensional threats requires a more robust approach to the way we prepare for and respond to health emergencies. Where previously there has been chronic neglect and underinvestment in national capacity, we need to make smart, evidence-based investments that deliver the best results in terms of saving lives, sustainable development, global economic stability, and long-term growth. That means acknowledging that the core capacity for Health Emergency Preparedness, Response and Resilience (HEPR) is not only essential for national security, but for the functioning of resilient national systems more broadly. An updated global architecture for HEPR must build on the foundations of national health systems. Continuing investment in HEPR is a de facto sustainable investment in a resilient health system and must be made in the context of broader progress towards universal health coverage and healthier populations. Where there has been fragmentation in the global architecture for health emergency preparedness and response, we need smart investments that pay off coordinated collaboration and collective action that Thucydides wrote his account of the Plague of Athens so that future generations could avoid his suffering. While COVID-19 has taken so much away, it has also given us the opportunity to learn the painful lessons it has taught us, and use them to build a healthier, safer, fairer world for future generations. We have to seize that opportunity before the world shifts to other priorities.

2 Purpose of Paper

Considering input from this independent review and the ongoing consultation process, the purpose of this white paper is to outline the key principles and proposals for strengthening the HEPR architecture to form the basis for further consultations with Member

States ahead of Seventy-Five World Health Assembly. Three main principles have been identified:

- Fair, with nothing left behind – equality is the principle and goal, for protect the most vulnerable.
- Inclusive, involving and taking on ownership from all nations, communities, and One Health stakeholders. Effective HEPR at all levels requires a commitment to diversity, equity, and inclusiveness, including equitable involvement in leadership and decision-making regardless of gender.
- Coherent; lessens fragmentation, competition, and duplication; aligned with current international instruments like the PIP Framework and the Health Regulations International (2005); ensures synergies between institutional capabilities for system strengthening and financing; and integration into national health and social systems based on universal health insurance and basic health services.

These principles must underpin the three pillars of the preparedness architecture and health emergency response:

- Government that ensures global health emergency preparedness response coherent, fair, and coordinated.
- System and tools to prepare for, prevent, detect, and quickly respond to circumstances health emergency
- Financing to support these systems and tools

3 Research Method

The author employs normative legal research, which tries to identify and characterise the theoretical underpinnings of positive legislation. Utilising both the legislative method and the conceptual approach, this research is prescriptive. The information used is secondary information, including main and secondary legal documents that examine violence against women as a social phenomenon and the role that restorative justice might play in bringing about justice in the course of law enforcement. A literature review (document) was used to collect data, and it was then further analysed using syllogisms.

4 Proposals for Strengthening HEPR

One of the key recommendations for strengthening the global architecture of HEPR is a new instrument to provide an accountability framework for pandemic prevention, preparedness, and response. Assembly World Health has established the Agency for Intergovernmental Negotiations to design and negotiate such a “Pandemic Agreement”, with the aim of agreeing an overarching framework for promoting political commitment at the highest levels, ensuring all government and whole of society approaches within countries, and sustaining political and financial investment. Adequate within and between countries [5] (Fig. 1).

Taken from the recommendations of previous reviews and analysis. Several proposals build on existing frameworks and capacities established after previous crises, such as the International Health Regulations (2005), WHO Emergency Programme, Influenza Pandemic Preparedness Framework, Coalition for Preparedness Innovations. Epidemic, Global Outbreak Warning and Response Network, Emergency.

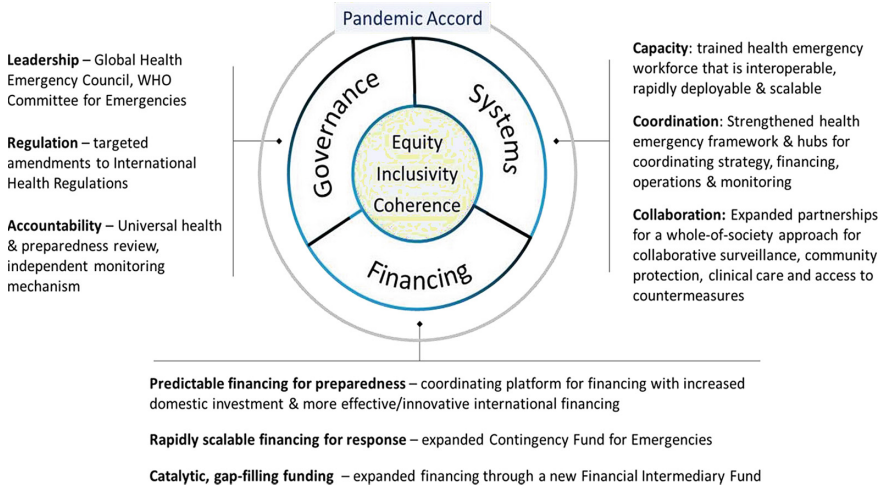


Fig. 1. Proposed strengthening of HEPR

4.1 Government

While pandemic deals can provide overarching political agreement and commitment, sustainable implementation relies on good governance – the systems, structures, rules and processes needed to enable governments and other stakeholders to work together effectively to set goals; establish norms, standards and other international agreements; and ensure accountability through transparent monitoring and assessment [15].

COVID-19 and other recent health emergencies have demonstrated that the HEPR architecture is complex and fragmented, and its governance inadequate. It has failed to ensure effective collective action and equitable access to preventive measures, both of which are essential to preparedness and effective response.

Effective governance is critical to bringing greater equity, inclusivity and coherence to the global architecture of HEPR, enabling Member States and partners to work collectively around a common plan, driven by political will and with resources to sustain positive change.

1. Establish the Global Health Emergency Council and the WHA Committee on Emergencies
2. Make targeted changes to the International Health Regulations (2005)
3. Improved Universal Health and Preparedness Reviews and strengthen independent monitoring
4. Strengthen the global health emergency workforce that is trained to common standards, is operable, deployable, scalable, and equipped
5. Strengthen the network of health emergency coordination centers, and standardize approaches to strategic planning, financing, operations and monitoring of health emergency preparedness and response
6. Expanding partnerships for community-wide approaches to collaborative surveillance, community protection, clinical care, and access to prevention

7. Establish a coordination platform for financing to promote domestic investment and direct existing international financing and fill gaps where it is needed most
8. Establish a financial intermediary fund for pandemic preparedness and response to provide catalytic funds and fill gaps
9. Expand the WHO Contingency Fund for Emergencies to ensure rapidly scalable financing for response
10. Strengthen WHO as a global center for HEPR architecture

Ability to prepare for, prevent, detect, and respond to health emergencies effectively relies on five core subsyste (Fig. 2):

- Collaborative supervision and public health intelligence through strengthening multisectoral disease, threat and vulnerability surveillance; increased laboratory capacity for pathogenic and genomic surveillance; and collaborative approaches to risk forecasting, event detection, and response monitoring
- Community protection through a two-way exchange of information to inform, educate and build trust; community engagement to jointly create public health and social actions based on local contexts and customs; and a multi-sectoral approach to well-being social and livelihood protection to support communities during health emergencies
- Clinical care that is safe and scalable, with effective infection prevention and control that protects, patients, health care workers, and the public; and a resilient health system that can maintain essential health services during emergencies
- Access to precautions through fast-track research and development, by agreement
- pre-negotiated profit sharing; scalable manufacturing platforms and agreements for technology transfer; and coordinated procurement and emergency supply chains
- Emergency coordination with a trained health emergency workforce that is operable, rapidly deployable, and scalable; A coherent National Health Security Action Plan for preparedness, prevention, risk reduction and preparedness; and rapid detection and scalable response through a standardized and implemented Emergency Response Framework in general

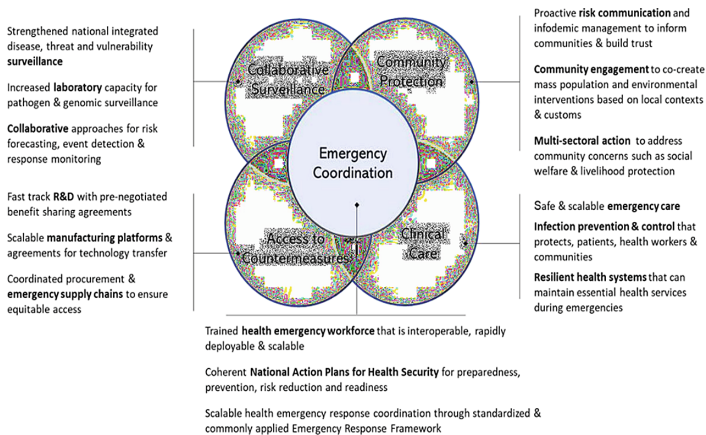


Fig. 2 .

5 Civil Society Against COVID – 19 in Indonesia

In responding to the COVID-19 outbreak, civil society in Indonesia has shown their solidarity in overcoming the pandemic together. In March 2020, the Civil Society Coalition consisting of AJAR, Kontras, Lokataru, Migrant Care, LBH Masyarakat, P2D, PKBI, YLBHI, YLKI, and WALHI called on the government to improve the response which was considered far from fulfilling the right to protect citizens. There are five things that are being sued by the Civil Society Coalition against the government, namely (1) improving the mechanism for responding to the pandemic by providing a fast, accurate, and responsible response; (2) improving the management of public communications; (3) protect the privacy rights of citizens by disclosing cases without revealing the patient's identity; (4) minimize stigma and discrimination [5].

In addition to advocating efforts to the government, established religious civil society groups such as Nahdlatul Ulama (NU) and Muhammadiyah are active in the community. The two organizations formed a COVID-19 task force, mobilized manufacturers to produce masks which were then distributed free of charge, optimally made use of the hospitals belonging to their respective organizations, provided food assistance when the government had not yet moved, and provided education about health protocols to prevent transmission. Which is expanding. Everything is done by these two organizations down to the village level, touching the grassroots community.

On the other hand, some civil society groups which are smaller than NU and Muhammadiyah have shown their solidarity by raising funds. One of them is done through crowdfunding such as: kitabisa.com. Not only civil society organizations, but many individual public figures such as art workers and social media 'influencers' do the same. As of April 30, 2020, fundraising related to COVID-19 in the crowdfunding platform has reached more than 25 billion rupiah. The fundraising is intended for various purposes, such as purchasing Personal Protective Equipment (PPE) for medical personnel, providing shelter for medical personnel, to providing food assistance for communities affected by the crisis due to this outbreak [6].

In addition, there are also civil society groups engaged in the digital realm, such as Kawal COVID19 which is dedicated to providing reliable information about COVID-19 in Indonesia through their websites and social media. The confusion of information and the many hoaxes circulating are the basis for this forum which was launched by the team that launched the Election Guards during the last Indonesian democracy party. The Kawal COVID19 volunteer team consists of people with medical, education, science, research, and information technology backgrounds [8].

In the academic realm, experts on campuses and research institutions individually or collaboratively conduct studies on the COVID-19 pandemic [9]. Bandung Institute of Technology, University of Indonesia, Gadjah Mada University, for example, conducted studies from various perspectives (medical, public health, sociology, etc.), until they succeeded in assembling tools (eg ventilators) which were considered useful in efforts to recover COVID-19 patients and have been widely reviewed in various media. This academic institution continues to try to update its studies, as if competing with the increasing number of cases [14].

Another interesting story comes from villages that have implemented a 'lockdown', even though there are no Large-Scale Social Restrictions (PSBB) regulations in their

area. This is also surprisingly carried out by clusters in residential areas in urban areas which actually have a more individualistic character, such as what was done by the authorities in the author's residential area. This kind of 'lockdown' effort is carried out to reduce the number of virus transmission by reducing the intensity of going in and out of people outside the area where they live [10]. Another policy carried out by residents in the villages and clusters is to help COVID-19 patients calmly self-isolate at home by supplying food ingredients. Physical and social distancing policies are also carried out in an orderly manner by stopping recitation activities, social gathering, and other joint activities. This activity has instead been replaced by spraying disinfectants and other preventive measures. In some cases, this self-administered 'lockdown' policy is also controversial because it often leads to extreme rejection of bodies related to COVID-19 cases, especially in areas that have burial grounds. The author does not agree with this, but on the other hand it must also be seen that everything runs on the logic of an emergency to protect oneself and the environment.

6 Strong Civil Society and Ineffective Governance

The explanation above shows that in the context of overcoming the COVID-19 pandemic, Indonesian civil society is classified as a strong civil society. A strong civil society is a situation where citizens are active and have the capacity to organize and mobilize themselves in the struggle to defend their interests [11]. In this case, Indonesian civil society mobilizes itself in the interest of surviving during a pandemic both in terms of health and the economy, as well as helping one another.

On the other hand, the government is running ineffective (ineffective governance). There are four things that indicate this. First, there does not appear to be any effort from the government to direct civil society and integrate it into a synergistic movement. Even if there is, it has not reached the intended goal. As has been done by the COVID-19 Task Force by gathering representatives of institutions and 'influencers' who succeeded in raising funds on March 20, 2020, at the BNPB Building, Jakarta [12]. On her personal Instagram social media page, Rachel Vennya, an influencer with the highest number of COVID-19 fundraisers in Indonesia, indicated her dissatisfaction with the gathering. After the meeting, he still questioned the government's data which was still closed, because according to him the distribution of aid will be more optimal and on target if there is valid and transparent data [13]. Second, this data issue is also being questioned by academics who are competing to make studies regarding the prevention of COVID-19. Doubts about the data released by the government and difficulties in accessing it make studies conducted by academics often use COVID-19 research materials from abroad. In fact, data originating from Indonesia itself will increase the validity of the results of the studies conducted. Third, further than simply not providing data openly, the government tends to make policies that are not based on the results of studies conducted by various universities. Even, some parties claim that Joko Widodo's government is anti-scientist in dealing with the COVID-19 pandemic. The statements of government representatives are often inconsistent with each other in the media because it is not known what knowledge base the basis for policies is that are carried out to suppress the spread of the epidemic. Fourth, instead of trying to reach out to government external parties such

as the civil society movement, the government is still experiencing problems in internal coordination with its own vertical agency, namely the regional government. One of the causes of the 'lockdown' carried out by the smallest neighborhoods in various regions is the lack of clarity from the central government in communicating policies to lower levels, forcing the community to take action on their own. The statements of government representatives are often inconsistent with each other in the media because it is not known what knowledge base is the basis for policies that are carried out to suppress the spread of the epidemic. Fourth, instead of trying to reach out to government external parties such as the civil society movement, the government is still experiencing problems in internal coordination with its own vertical agency, namely the regional government. One of the causes of the 'lockdown' carried out by the smallest neighborhoods in various regions is the lack of clarity from the central government in communicating policies to lower levels, forcing the community to take action on their own.

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When a strong civil society situation is constantly confronted with ineffective governance, two things can arise. First, the 'alternative' government in which civil society actually takes over the government's task in handling public services. Second, in the long term, lack of trust in the government will reduce social capital to gain political and social support from the community and will be counterproductive to the democratization process in Indonesia. The second thing that is more visible can cause resistance and conflict, and in the future will affect trust in government.

From the explanation above, it is quite clear that the inability of the government and the absence of a strong commitment to direct and integrate the civil society movement as a directed policy will further slow down the effectiveness and efficiency of performance in overcoming the effects of the COVID-19 pandemic. From the data displayed by the current government, Indonesia has not yet seen reaching the peak of the spread

of the virus, let alone predicting with full confidence that this pandemic will end soon. Therefore, it is urgent for the government to start implementing participatory governance by embracing the civil society movement (and the private sector) to overcome the COVID-19 pandemic more quickly, precisely, and synergistically. Don't let us face the same storm, but not in the same boat [7].

References

1. iNews.com, (2020, 12 April), "Survei Alvara, Publik Anggap Pemerintah Lamban Tangani Corona", <https://www.inews.id/news/nasional/survei-alvara-publik-anggap-pemerintah-lamban-tangani-corona>.
2. Ibnu Nadzir Daraini, (2020, 21 April) "Data Transparency and Misinformation of COVID-19 in Indonesia", <http://politik.lipi.go.id/kolom/kolom-2/politik-nasional/1365-data-transparency-and-misinformation-of-covid-19-in-indonesia>
3. This claim is based on the number of COVID-19 tests that have been carried out in Indonesia. As of May 5, 2020, Worldometers shows that tests in Indonesia have only been carried out on 121,547 residents out of a total population of 270 million people. This means that Indonesia has only carried out tests on 444 people per 1 million people. This ratio shows that the number of tests carried out by Indonesia is equal or even lower than some countries in Africa, and is far behind its neighbors such as Malaysia, Singapore and Brunei. This should be an evaluation material because as many tests as possible are one of the main efforts that must be done to stop the spread of the virus.
4. Eun A Jo, (2020, 30 Maret), "A Democratic Response to Coronavirus: Lessons from South Korea", <https://thediplomat.com/2020/03/a-democratic-response-to-coronavirus-lessons-from-south-korea/>. Lihat juga Chiara, (2020, 19 Maret) "PHM Korea: statement on COVID-19 outbreak and responses in South Korea", <https://phmovement.org/phm-korea-statement-on-covid-19-outbreak-and-responses-in-south-korea/>
5. Koalisi Masyarakat Sipil, (2020, 13 Maret), "Siaran Pers Bersama Koalisi Masyarakat Sipil: Menggugat Kebijakan COVID-19 Pemerintah Indonesia", <https://lokataru.id/siaran-pers-bersama-koalisi-masyarakat-sipil-menggugat-kebijakan-covid-19-pemerintah-indonesia/>
6. Anita Yossihara, (2020, 19 April), "Cahaya di Tengah Kabut COVID-19", <https://bebas.kompas.id/baca/bebas-akses/2020/04/19/cahaya-di-tengah-kabut-covid-19/>
7. Dini Suryani, (2015), "Defending Democracy: Citizen Participation in Election Monitoring in Post-Authoritarian Indonesia", *Journal of Government and Politics* (6):1, hlm. 1–17
8. KawalCOVID19, (2020) "KawalCOVID19 untuk mengurai derasnya informasi seputar COVID-19", <https://kawalcovid19.id/tentang-kami>
9. Tim Penulis TEMPO, (2020, 2 Mei) "Panjang Akal di Era Pandemi." *Majalah Tempo*.
10. Achmad Munjid, (2020, 20 April), "Lockdown Kampung dan Kebingungan Kita", <https://tirto.id/lockdown-kampung-dan-kebingungan-kita-eNfo>
11. Aris Mundayat, Pitra Narendra, Budi Irawanto, (2009) "State and Civil Society Relationships in Indonesia: A society-oriented Reading in Search for Democratic Space", *PCD Journal* Vol. 1.
12. Pikiran Rakyat.com (2020, 21 Maret), "Rachel Vennya, Indra Bekti, dan Sejumlah Influencer Ikuti Diskusi Covid-19 dengan BNPB, Fathur Sampaikan Poin-poin Hasilnya", <https://www.pikiran-rakyat.com/entertainment/pr-01354363/rachel-vennya-indra-bekti-dan-sejumlah-influencer-ikuti-diskusi-covid-19-dengan-bnpb-fathur-sampaikan-poin-poin-hasilnya>
13. Rachel Vennya, [@rachelvennya] (2020, 20 Maret), Unggahan Pribadi [Rachel Vennya], <https://www.instagram.com/p/B99EM5nlcJF/>

14. Tim Penulis TEMPO, (2020, 2 Mei) “Cerita Universitas di Indonesia Berlomba-lomba Membuat Riset Terkait COVID-19.” Majalah Tempo.
15. The Jakarta Post Editorial Board, (2020, 17 April), “Transparency the Best Policy”, <https://www.thejakartapost.com/academia/2020/04/17/transparency-the-best-policy.html>
16. Nyimas Aziz, R Siti Zuhro, Yusuf Maulana, (2020, 28 April), “Webinar Desentralisasi dan Otonomi Daerah: Relasi Pusat Daerah dalam Mengatasi COVID- 19”, [http://www.politik.lipi.go.id/kegiatan/tahun-2020/1377-webinar-desentralisasi-dan-otonomi- daerah-relasi-pusat-dan-daerah-dalam-mengatasi-covid-19](http://www.politik.lipi.go.id/kegiatan/tahun-2020/1377-webinar-desentralisasi-dan-otonomi-daerah-relasi-pusat-dan-daerah-dalam-mengatasi-covid-19)

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