



Precautionary Health Protection in the Conduct of the 2024 Simultaneous Elections to the Spread of New COVID-19 Mutations in Indonesia

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Abstract. This article explores the idea of health protection for all stakeholders involved in the conduct of the 2024 simultaneous general elections. This is motivated by the emergence and spread of new COVID-19 mutations, including the rapid evolution of the virus leading to the emergence of a new subvariant called XBB. This subvariant was first detected in South Africa in November 2021 and differs from other subvariants in certain characteristics. It possesses unique distribution characteristics compared with other subvariants, although most of the symptoms are still mild. This might be a cause for concern and necessitate the need for awareness and adherence to health protocols during indoor and outdoor activities, which will be particularly important in the context of the concurrent 2024 general elections protocol. The research employs the socio-legal method. As a result, this article presents an overview of the implementation of health protocols and the creation of working groups as a precautionary measure to the spread of new mutations of the COVID-19 virus.

Keywords: COVID-19 New Variant Mutation, Precautionary Action, General Elections

1 Introduction

The conduct of general elections in the state system is essential, where elections become a democratic party for the whole community. Moreover, the purpose of conducting the elections is to choose the people who will occupy certain positions in government. Elections are a means of exercising people's sovereignty and conveying the voting rights of the community as citizens under Pancasila and the 1945 Constitution of the Republic of Indonesia. As Abraham Lincoln said, democracy is a government of the people, by the people, and for the people. Thus, to ensure the functioning of democracy, the existence of free and fair elections in a democratic country is essential, which is confirmed by the opinion of the International Commission of Jurists, which states that one of the main conditions for democratic government is the existence of free and fair elections [1]. As is well known, the conduct of elections in

Indonesia is directly mandated by Article 1(1) of Law No. 7/2017 on General Elections, which stipulates that general elections are the means of the people's sovereignty to elect members of the House of Representatives, members of the Regional Representatives, the President, the Vice President, and the regions. These elections are conducted directly, publicly, freely, secretly, honestly, and fairly. In addition, the Third Amendment to the 1945 Constitution of the Republic of Indonesia, specifically Chapter VIIB Article 22E, regulates the conduct of general elections. These regulations require elections to be held every five years, mandate the election of members of the House of Representatives, the Provincial House of Representatives, the President, Vice President, and members of the Regional House of Representatives, and specify that national, permanent, and independent elections must be organized by the General Elections Commission (KPU).

Indonesian simultaneous elections had been conducted in 1955, 1999, 2004, 2009, 2014, and 2019 and will also be conducted in 2024. Furthermore, conducting general elections in Indonesia requires the application of democratic election principles. These principles include the necessity for elections to be competitive, held periodically, and inclusive. Moreover, voters must be given the freedom to consider and discuss choices in an atmosphere of freedom, without pressure, and access to comprehensive information. Additionally, impartial and independent election organizers are crucial for successful implementation. This element is shared by all those involved in organizing and conducting democratic elections. As known from the history of organizing concurrent elections in Indonesia, it involves all elements of election organizers, such as the General Elections Commission (KPU), the Board of Election Supervisory (Bawaslu), and the Honorary Board of Election Organizers (DKPP).

Sociological dynamics and state progress have led to the conduct of large-scale elections in Indonesia. The spread of COVID-19 in Indonesia is one of the results of the sociological and state dynamics. It has significantly altered the conduct of elections in Indonesia, including the regional elections held in 2020 that employed stringent health protocols. This resulted in significant changes in the way the state operates due to the global impact of the pandemic.

The spread of COVID-19 has reached a pandemic scale, affecting all countries worldwide. As of July 7, 2023, Indonesia had 6,812,127 confirmed cases of COVID-19, with 161,879 deaths (2.38%) of the total confirmed cases in the country, and 6,642,003 recoveries (97.62%) of the total national cases.[2] Indonesia is ranked 20th in the world with a total incidence of 6,813,095 COVID-19 cases, including 161,916 deaths and 4,886 active cases, according to Worldometer statistics (August 18, 2023). At an undetermined date, there were 693,664,611 total COVID-19 cases worldwide and 6,908,560 total deaths. [3]

Indonesia's case fatality rate (CFR) is also among the three highest in the world, according to the Our World in Data study project. It reached 2.76 percent on July 31, 2021, the third highest after Italy and Brazil. Even after reaching 2.81 percent on August 2, 2021, Indonesia's CFR has changed the position of Brazil. In other words, three people per hundred infected with COVID-19 died in Indonesia. This is higher than the global average of 2.13 percent.[4]

Community risk management is essential in determining public health actions to protect medical personnel and their families, maintain effective health systems, and control community transmission rates. However, this level of risk is not well addressed at the onset of a pandemic because most studies are conducted in a single area and are limited by small sample sizes and/or selection and ascertainment of disease cases.

The Ministry of Health has used a database to assess the risk level of COVID-19 Referral Hospitals, which treat medical personnel responsible for monitoring patients under surveillance, patients under observation, and suspected or confirmed COVID-19 cases.[5] During the peak of COVID-19 rates, Indonesia recorded the highest number of active COVID-19 infections in Asia. Indonesia had more active cases of COVID-19 than Iran and India. Despite the government downgrading the Emergency Enforcement of Restrictions on Public Activities to PPKM Level 3 and 4 based on the number of cases in each location, the mortality rate remained high. As of August 6, 2021, the daily death toll had reached 1,635 people, bringing the total death toll to 104,008 since March 2020. As of early August 2021, the death toll had already surpassed the previous second-largest death toll of 7,913 in June 2021, reaching 9,891.[6]

The risk of COVID-19 transmission is in direct proportion to the level of exposure of healthcare workers. Data updated through March 8, 2023, show that a significant number of medical personnel have died from COVID-19, reaching 2,172 individuals in total, as reported by the PB IDI Secretary General. The data is further broken down as follows: The fatalities are distributed amongst various healthcare occupations as follows: 756 doctors, 718 nurses, 421 midwives, 33 nutritionists, 25 environmental sanitation employees, 2 cardiovascular technicians, 25 dental and oral therapists, 22 medical laboratory technicians, 13 medical recorders, 14 public health officers, 40 pharmacy technicians, 11 optometrists, 7 health promotion personnel, 24 radiographers, 2 occupational therapists, 1 speech therapist, 12 electromedics, and 46 dentists. The number of healthcare personnel who died due to COVID-19 remains uncertain and needs to be confirmed since the actual number is likely to be much higher. Moreover, the current ratio of doctors available in Indonesia indicates that one practitioner may attend to upwards of 1,400 individuals in the country.[7] The mortality rate is directly correlated to the bed occupancy rate (BOR) of COVID-19 hospitals, which exceeds the maximum threshold set by the World Health Organization (WHO). This data strongly suggests that there is a significant challenge in accommodating COVID-19 patients.

The spread of COVID-19 in Indonesia is taken into account in the conduct of elections, particularly the 2020 regional elections, which have undergone various changes, including the proposed delay of the election. This is mentioned in the advisory letter (number S-0235/K.BAWASLU/PM.00.00/3/2020) of the General Election Supervisory Agency (Bawaslu), dated March 16, 2020, addressed to the General Election Commission. In the letter, the Bawaslu recommended that the KPU consider the existing situation, which includes the spread of COVID-19 and government/regional policies while organizing the 2020 election stages. The Bawaslu

also thinks that any election postponement should take the Election Law provisions into account[8]. However, the 2020 elections proceeded as planned after consultations and technical evaluations and were conducted with health protocols in place during the registration stage, election organization, preparation, and monitoring. This implementation can address the discourse on postponing elections expressed by various parties. The decision has sparked a debate within the community. Reacting to the postponement of several stages of the elections during the COVID-19 pandemic can have diverse positive and negative effects on its realization. Fifty-five countries are on the agenda regarding the holding of general elections in several countries. [9] However, 21 countries did not postpone their elections, and nine held them during the COVID-19 pandemic. Among these, South Korea successfully held its election on April 15, 2020. [10]

Additional cases of COVID-19 have been reported in several regions of Indonesia ahead of regional elections in 2020. Banten and Purbalingga are among the areas where the COVID-19 cluster increased. According to the Banten COVID-19 Handling Task Force, the election cluster occurred in four areas with affiliation to the Democratic Party, namely Serang Regency, South Tangerang, Cilegon, and Pandeglang. In Purbalingga, Central Java, there were reported cases of candidate pairs, success teams, and election officials being exposed to the coronavirus. [11] Furthermore, 12,723 sub-district Panwaslu members participated in the 2020 simultaneous elections. There were 52 members of the Panwaslu sub-district who had been suspected of being infected with COVID-19. Thirty people tested positive by PCR/SWAB and are currently in isolation or being treated at the hospital. Out of the total population of 42,692 people in Kelurahan/Village Panwaslu, 96 were indicated after the PCR/SWAB test was conducted. Eighty-eight of the indicated individuals tested positive and were placed in independent isolation while receiving treatment at the hospital. However, this cannot be considered completely accurate as both election organizers and the government have reported that the 2020 regional election did not increase in the COVID-19 cluster [8]. The results of the Indonesian Ombudsman investigation in 207 polling stations located throughout almost all Indonesian regions that held elections reveal that 99% of PPE was available. This contradicts the prior findings from December 2, which stated that 72% of 31 KPUs at the regency or municipality level had not yet provided PPE to the election committee. Additionally, 96% of the distributed PPE is in good condition, while 4% is in poor condition, such as leaking handwashing buckets or non-functioning thermos flasks.

This problem highlights the significance of prevention efforts. Despite the implementation of health protocols during previous elections, multiple findings were still reported by different parties. It is vital to take into account the urgency of the dangers and effects associated with the spread of COVID-19. Precautionary actions should be prepared accordingly. Particularly with the conduct of simultaneous general elections in 2024, all while contending with the spread of mutated COVID-19 variants, such as the XBB variant and the Eris variant. This is what the government must address to prevent the emergence of a new wave of COVID-19 that continues to spread. Moreover, the

dissolution of the COVID-19 cluster and the revoking of the COVID-19 “emergency” status may complicate the management of technical aspects of elections, especially regarding the spread of disease. In light of the above, this article examines how Indonesia’s use of COVID-19 status will affect its ability to hold simultaneous elections in 2024, and how the use of COVID-19 status will affect Indonesia’s ability to conduct simultaneous elections.

2 Methodology

The socio-legal method was employed as an alternative approach to the doctrinal study of law, for its writing and research. The word “socio” in socio-legal studies represents an interface with a context in which law exists. [12] Insofar as socio-legal studies involve conducting research that exposes discrepancies between law in books and law in action, that is, between official accounts and practical realities as experienced by those most closely affected by legal processes.[13] Socio-legal studies are developing various “new” methodologies resulting from the mixture of legal methods and social sciences, such as socio-legal qualitative research.[14] In the present study, the socio-legal method was employed to examine the effectiveness of existing laws and ordinances, the implementation of elections conducted during COVID-19, and the appropriate concept applied to prevent the spread of similar COVID-19 in Indonesia.

3 Discussion

1.1 COVID-19 Policy Developments and Threat of New COVID-19 Variant Mutations

The COVID-19 pandemic has drastically changed the social landscape both domestically and internationally. Despite its unique structure, the widespread impact of COVID-19 is undeniable. Government officials need to take action to prevent further outbreaks to curb its transmission. Research indicates the emergence of a novel strain of the COVID-19 virus, necessitating regulations to protect the well-being of healthcare workers in the performance of their duties. Below is a sequence of significant COVID-19 events in Indonesia, chronologically arranged.

a. Designation of COVID-19 as a National Disaster in Indonesia

President Joko Widodo of the Republic of Indonesia designated COVID-19 as a national disaster on April 13, 2020, in Presidential Decree No. 12/2020. [15] The decree outlines the spread of COVID-19 as a Non-natural Disaster and designated it as a National Disaster. “The first point of the Presidential Decree declares the spread of COVID-19 a national calamity, excluding any natural causes.” [16] The President has decreed that the COVID-19 Handling Task Force will manage the national disaster caused by the spread of COVID-19. This is stated in the Presidential Decree, which was amended by Presidential Decree No. 9/2020. The Task Force will work collaboratively

with ministries/agencies and local governments to address the issue. [17]

b. Implementation of Large-Scale Social Restrictions (PSBB) in Indonesia

The President signed Government Regulation 21/2020 on March 31, 2020, which aimed to accelerate the handling of Corona Virus Disease (COVID-19) through large-scale social restrictions. On April 3, 2020, The Minister of Health, Terawan Agus Putranto, issued Minister of Health Regulation (PMK) Number 9 of 2020 to regulate and explain PP Number 21 of 2020. In terms of implementation, Large-Scale Social Restrictions (PSBB) commenced in Jakarta on Friday, April 10, 2020. As the number of COVID-19 cases surged in Indonesia, the government initiated the PSBB to mitigate the spread of the virus. The policy aims to curb the spread of COVID-19 in Indonesia.[18] The COVID-19 Handling Task Force during PSBB performs different tasks, such as prohibiting gatherings of individuals at small and large scales and controlling the spread of COVID-19 in the community.

The restriction refers to the prohibition of certain activities in areas suspected of being infected with COVID-19, as specified in Government Regulation Number 21 of 2020 Article 1. PMK 9/2020 clarifies that PSBB is an action taken by the government to control the spread of the coronavirus. PSBB implementation is believed to be effective in preventing and stopping the spread of the coronavirus across Indonesia. PSBB contains a greater number of regulations than the call for social distancing.

c. Implementation of New Adaptation and New Normal in Indonesia

The Indonesian government began to consider the implementation of a new normal and the easing of PSBB after three months of large-scale social restrictions (PSBB). The Indonesian Minister of Health signed the Minister of Health Decree No. HK.01.07/MENKES/328/2020 on May 23, 2020. This decree provides guidelines for preventing and controlling COVID-19 in office and industrial workplaces to support business continuity during a pandemic. The “new normal” has the potential to increase the number of COVID-19 cases. Thus, several government plans at the time aimed to implement a new normal. It requires preparations for health facilities and infrastructure, including the need for personal protective equipment (PPE).

An increase in the number of patients is inevitable during the transition to the new normal due to the gradual return of all health services. Therefore, the foremost requirement for healthcare workers on duty is Personal Protective Equipment (PPE). Despite the rising number of COVID-19 cases in Indonesia, nearly all medical personnel face a lack of PPE. This is contrary to Article 50 letter (b) of the Law on Medical Practices (Law No. 29/2004), which grants medical

practitioners authority to provide medical services by professional and ethical standards. Patients with infectious epidemic diseases must have access to standard healthcare services and must have medical-grade personal protective equipment (PPE). The lack of PPE is an issue that affects several countries.

According to the WHO, increased demand, panic buying, hoarding, and misuse of PPE are contributing to the lack of PPE. During the COVID-19 pandemic, inadequate access to PPE remains a challenge for healthcare workers worldwide. Specifically, 71 percent of medical personnel struggle to obtain N95 medical masks while 67.3 percent of medical personnel in Latin America have access to hazmat suits. Moreover, only 56.1 percent of the Latin American medical workforce has access to the required number of N95 masks, and 32.6 percent use face shields. Due to the scarcity of PPE, healthcare workers are at increased risk of COVID-19 infection while treating patients. In Indonesia, 62% of medical personnel have recommended that the central government implement the most effective strategy to address the scarcity of PPE. Hospitals should maintain ongoing communication with all healthcare providers and provide transparent information regarding any issues that arise, including lack of PPE and medical equipment.

d. Implementation of Social Restriction (PPKM) in Indonesia

Due to the ineffectiveness of the new normal approach in reducing the number of COVID-19 cases and the community's lack of adherence to health protocols, the Indonesian government has implemented a policy of limiting community activities through PPKM. The Java-Bali PPKM was first enforced from January 11 to January 25, 2021, in various districts and cities within the provinces. This policy aligns with Regulation (PP) 21/2020 from the Government, which addresses Large-Scale Social Restrictions to hasten COVID-19 management. This decision was made based on predetermined criteria. The enactment of the Java-Bali PPKM stems from an increase in COVID-19 cases near the end of December when the weekly increase in new patients totaled 48,434 cases. In early January, the weekly COVID-19 cases increased to 51,986. The government also identified 54 districts/cities considered high-risk, 380 districts/cities considered medium-risk, 57 districts/cities considered low-risk, and 11 districts/cities with no reported COVID-19 cases.[19] The government considers objective indicators, such as the occupancy ratio of isolation and ICU beds as well as the positivity rate or active cases. The current national active case rate reached 14.2 percent. The Java-Bali PPKM applied to areas with a mortality rate above the national average of 3 percent or higher. The decision to apply the social restriction is based solely on these criteria.[20]

e. COVID-19 Vaccination Program in Indonesia

Positive news surfaced as Indonesia began administering the first dose of the COVID-19 vaccine on Wednesday, January 13, 2021. The

State Palace witnessed President Joko Widodo become the first person to receive the vaccine. Furthermore, this marked the onset of the initial phase of the COVID-19 vaccination program in Indonesia. Furthermore, this marked the onset of the initial phase of the COVID-19 vaccination program in Indonesia. The COVID-19 vaccination was administered using the Sinovac Biotech-developed vaccine under the trademark CoronaVac. The BPOM confirmed its safety, effectiveness, and high quality on January 11, 2021, under the Emergency Use Authorization (EUA) guidelines. The Indonesian Ulema Council (MUI) issued a fatwa on the same day declaring the CoronaVac vaccine halal. Administering this vaccination is a critical measure in disrupting the chain of the rampant COVID-19 outbreak in Indonesia. Vaccination aims to safeguard the health, safety, and security of all Indonesians, and expedite the economic recovery process. [21]

It involves inducing a certain immunity against COVID-19 in the recipient's body to shield it from the disease. This immunity enables the body to avoid severe consequences, should it come into contact with the virus causing the illness.

f. Transition Period from “Pandemic” to “Endemic” in Indonesia

The Indonesian government announced its readiness to transition from pandemic to endemic following the under-control development of COVID-19 cases in the country. The President earlier that week agreed to ease the ban on wearing masks outside the home in response to the COVID-19 pandemic's improvement. However, it is advised that individuals leaving their homes wear masks, including the elderly and those with underlying health conditions. [22]

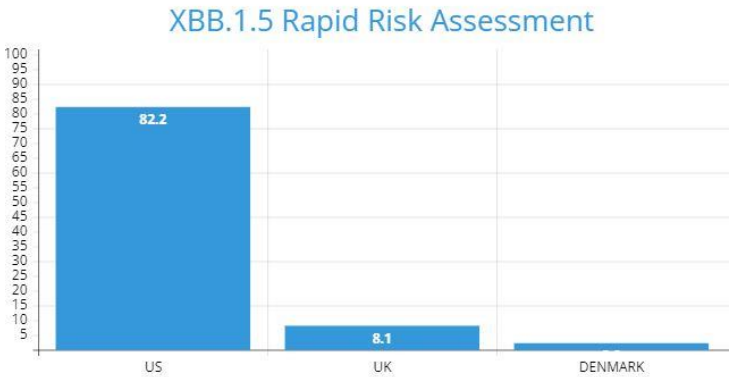
Vaccination also persists, particularly to enhance safeguarding for vulnerable populations. The government is actively devising strategies to revoke the pandemic label under the COVID-19 Preparedness and Response Strategy 2023-2025 provided by WHO as guidance to each nation. With the conclusion of the COVID-19 emergency, international partnerships, including funding for the COVID-19 response, come to a close.

g. Revocation of COVID-19 “Emergency Status” in Indonesia

The government officially revoked the COVID-19 pandemic status on Wednesday, June 21, 2023, due to the daily COVID-19 case count nearing zero. This decision was made after considering the results of the Sero survey, which indicated that 99 percent of Indonesians have COVID-19 antibodies. The transition from pandemic to endemic status was driven by the daily and active case counts and the progress of COVID-19 vaccination efforts. This change indicates that the COVID-19 Handling Task Force can now be dissolved. COVID-19 vaccination will become a part of the government's standard service system for infectious diseases in general. On the other hand, individuals affected by COVID-19 may have to pay for medical expenses if they have endemic status.

The XBB virus, a new COVID variant resulting from mutations of the omicron variant, has spread rapidly to more than 35 countries, including Indonesia as of October 2022, after the COVID-19 pandemic emergency status was revoked in Indonesia. Despite its similarity to the common cold, the virus is believed to have contributed to the increase in the number of COVID-19 cases in Indonesia. This Covid variant, named Omicron XBB, is not more severe than previous strains like Delta.

The symptoms of COVID XBB are also comparable to those of previous variants. As for Omicron XBB, it is a recombinant of the Coronavirus variants BA.2.10.1 and BA.2.75. There is no significant difference in the severity of disease caused by XBB infection, according to research. In Singapore, the Omicron XBB variant appears to affect more individuals who have not previously contracted Covid 19, commonly known as “covid naive.” The virus poses a transmission risk to individuals aged 39 and under, as well as those aged 70 and older.[23]



Picture 1. Diagram of the spread of COVID-19 variant XBB
Source : XBB.1.5 Rapid risk assessment, 11 January 2023 (www.who.int)

At the end of July 2023, the World Health Organization (WHO) announced the emergence of a new strain of COVID-19, Omicron EG.5.1, also known as “Eris,” which quickly spread throughout the United Kingdom and numerous other countries. The WHO has now classified the Eris variant as a “Variant Under Monitoring” (VUM), meaning that it is being closely monitored due to its widespread transmission and the resulting increase in COVID-19 cases in several countries. Reportedly, 'Eris' has appeared in 20% of sequences in Asia, 10% of sequences in Europe, and 7% of sequences in North America. According to data reported on coronavirus.data.gov.uk[24], the number of positive cases of COVID-19 in the UK increased by 27.8%, or around 887 cases, in seven days during the period of July 23-29, 2023. Data from the UK Health Agency (UKHSA) [23] also point to this trend. It showed that the positive rate for COVID-19 has increased to 5.4 percent compared to the previous 3.7 percent. Meanwhile, the UK National Health Service (NHS) reported that the

number of patients treated for COVID-19 increased by almost 50 percent to 253 people on July 27. The previous week, the number of patients treated was 127 people. One of the factors in the spread of the 'Eris' infection is the summer holidays and crowds that occur in the UK. According to Dr. Mary Ramsay, the UKHSA's head of immunization, the UKHSA is constantly monitoring the number of cases and has noticed an increase in hospital cases, especially among elderly patients.

The Ministry of Health announced on August 10, 2023, that the COVID-19 variant 'Eris' has been detected in Indonesia. The Ministry said that there is no need to be too concerned and worried about the presence of this virus in Indonesia. Several precautionary measures have been taken by the Indonesian government, including the imposition of restrictions on the entry of foreign nationals (especially British citizens) into Indonesian territory.[25]

1.2 Precautionary Actions Concept in the Conduct of the 2024 Simultaneous General Elections on the Threat of the Spread of New COVID-19 Mutations

An objective assessment is crucial when considering the conduct of the 2020 regional head election, which will be held during the widespread outbreak of COVID-19 in Indonesia. The ongoing mutations and developments of COVID-19 require regulation and close scrutiny. As per the chronology of events in 2020, the General Election Commission Regulation 6/2020, as last amended by KPU Regulation Number 13 of 2020, was issued by the election organizers. The election organizers in Indonesia have implemented public health protocols, among other things are listed as follows:

A. Implementation of Public Health Protocols

KPU Regulation 6/2020 outlines the guidelines for the upcoming 2020 simultaneous elections amidst the COVID-19 pandemic. The regulation includes actions for the implementation of COVID-19 health protocols throughout all stages of the election process and is jointly established with the Ministry of Health. It also provides the guidelines for the upcoming 2020 simultaneous elections amidst the COVID-19 pandemic. Prioritizing health and safety should generally be guided by the COVID-19 prevention and control health protocol. The required stages and procedures are detailed in Article 5 paragraph (2) of KPU Regulation 6/2020 as follows:

- 1) Application of occupational safety and health principles;
- 2) Periodic administration of rapid tests or real-time polymerase chain reaction (RT-PCR) will be conducted on members and the Secretariat General of the KPU, as well as members and secretariats of the Provincial KPU, Regency/City KPU, PPK, and PPS who exhibit symptoms or have a history of contact with confirmed COVID-19 cases;
- 3) Persons on duty, including the members and the General Secretariat of the KPU, and the members and the secretaries of the Provincial KPU, the Regency/City KPU, the PPK, and the PPS,

are required to wear a mask covering the nose and mouth up to the chin;

- 4) Personal Protective Staff (PPS) who conduct factual verification of support for each pair of candidates, Voter Data Update Officers (PPDP) who conduct Coklit, and Voting Organizing Group (KPPS) who conduct voting and counting at polling stations shall wear masks covering the nose and mouth up to the chin, disposable gloves, and face shields;
- 5) Provision of adequate sanitation facilities at the location where the stages of organizing the election will take place;
- 6) Checking the body temperature check to all parties involved in the conduct of the election;
- 7) Distance maintenance of at least one meter among all parties involved in each stage of the election;
- 8) Prohibition on a crowd during each activity in each stage of the election;
- 9) Limitation of the number of participants assigned to each activity in the implementation of the stages of the election that require their attendance;
- 10) Regular cleaning and disinfection of the rooms and equipment;
- 11) Prohibition on sharing items or equipment;
- 12) Health screenings for individuals entering the facility;
- 13) Public information dissemination, education, health promotion, and informational media to promote understanding of the prevention and control of COVID-19 transmission; and
- 14) Participation of staff from regional organizations responsible for managing the health sector or teams from the COVID-19 Handling Task Force in their respective areas.

B. Implementation of Health Protocols at the Nomination Stage

The individual nomination stage shall not be exempt from compliance with the health protocols as outlined in Article 55. The Open Plenary Meeting randomly selects serial-numbered pairs of candidates while adhering to restrictions on the number of participants. The simultaneous elections are regulated under Article 55. The event is limited to the pairs of candidates, two representatives from the Bawaslu Provincial or Bawaslu Regency/City (depending on the level), one liaison officer of the pair of candidates, and five or seven members of the Provincial KPU or five members of the Regency/City KPU. This health protocol applies to restrictions on the presence of candidates or pairs of candidates. It also includes sanctions for candidates, political parties, or a coalition of proposing political parties, and campaign teams that conduct convoys and present mass supporters inside or outside the room at the drawing of candidate pair serial numbers, as provided in Article 88(1). The penalty will be a written warning issued by the Election Supervisory Board and/or the Election Supervisory Committee at the time

of the violation. In addition, there may be severe penalties, such as delaying drawing special serial numbers for the pairs concerned.

C. Implementation of Health Protocols at the Campaign Stage

The existence of regulations on the implementation of health protocols in the campaign stage is essential since the conduct of the campaign is certainly synonymous with the presence of a large number of partisans and supporters. This is regulated in Article 59 paragraph (2) which states that campaigns in the form of public debates shall only be attended by pairs of candidates, 2 (two) representatives of Provincial Bawaslu or Regional Bawaslu at the regency or municipality level according to their level, 4 (four) campaign teams of pairs of candidates, and 7 (seven) or 5 (five) members of the Provincial KPU or 5 (five) members of the Regional KPU at the regency or municipality level. Also, the related parties are required to apply the health protocols for the prevention and control of COVID-19. As for various campaign methods that may be implemented, namely limited meetings, face-to-face meetings and dialogues, public debates, distribution of campaign materials, installation of campaign props, broadcasting of campaign advertisements in various media, and other activities that do not violate campaign restrictions and provisions of laws and regulations. In addition, campaigning methods prohibited under Article 88C(1) include general meetings, cultural activities (art performances, harvest festivals, music concerts), sports activities (marches, recreational cycling), social activities (bazaars or blood donation), and celebrating party birthdays. The implementation of campaign methods allowed by the regulations must comply with health protocols as regulated by article 58 (2) on the direct meetings and dialogues as follows:

- Must be held in a room or building;
- Has a maximum of 50 (fifty) attendees, with a minimum of 1 (one) meter distance between attendees;
- Use personal protective equipment, such as a mask that covers the nose and mouth up to the chin, at least;
- Provide adequate sanitation where the activity is conducted, including at least handwashing facilities with running water and soap and/or alcohol-based antiseptic liquid (hand sanitizer); and
- Comply with the regulations established by the government regarding the status of handling COVID-19.

The above-mentioned policies and regulations indicate the efforts made to organize health protocols to ensure health protection when conducting simultaneous regional elections. This should also be a consideration for conducting the upcoming simultaneous general elections in 2024. If the implementation is considered as a reflection, it will have a great impact and will often lead to undesirable events, as happened in the simultaneous general elections in 2019, where a total of 894 officers died and 5,175 officers fell ill. With this, the magnitude of the influence of simultaneous general elections can be revealed, especially with the

new threats that have emerged and begun to spread in Indonesia known as XBB and Eris variant mutations. Therefore, the concept of protection and implementation of health protocols must be taken into account, which must be maintained as a precautionary action in the hope that it will not cause a new spread. Some of these concepts are listed as follows:

1.2.1 Implementation of Health Protocols in the Conduct of the 2024 Simultaneous Elections

Several efforts in preparation for the implementation of the upcoming 2024 simultaneous elections are expected to be much better conducted and thus, improving the quality of democracy by following health protocols to prevent COVID-19 transmission. Everyone needs to be able to adapt to the election mechanism and the COVID-19 health protocol at each stage of the 2024 simultaneous elections. Simultaneous election organizers, simultaneous election supervisors at each polling location, and security forces are expected to play an active role in creating a conducive situation in the conduct of the 2024 Simultaneous Elections on February 14, 2024. One of the efforts to ensure the conduct of the 2024 simultaneous elections is the mandatory implementation of the COVID-19 Prevention and Control Health Protocol, at least in the form of self-protection, such as wearing a mask that covers the nose and mouth up to the chin.

The conduct of future simultaneous elections should prioritize public health and safety, and this is far more important. Democracy itself is subject to the good and welfare of society. Democracy means government of the people, by the people, and for the people. This means that every policy is made to benefit and serve the community. The implementation of democracy is essential, but the health and safety of the people is far more crucial.

Failure to follow health protocols during the 2024 simultaneous elections will result in sanctions for related parties. To prevent this, the organizers, the government, the political parties, and society must work hand in hand to ensure the safe and successful conduct of the elections.

It is evident that the mutated variant of the COVID-19 virus continues to evolve and there is concern that it will spread and erupt as it did in the early stages of the COVID-19 pandemic. The potential dangers that need to be prevented and avoided, both by the government and the public, to prevent the emergence of new potential threats. One of the examples is the preventive effort to prevent the spread of COVID-19 mutation variants in the conduct of elections that have been carried out by New South Wales and have proven successful in preventing the spread of COVID-19 mutations. The New South Wales Electoral Commission has issued the Election Safety Procedure Guidelines during COVID-19, along with the conduct of the Parliamentary Elections in New South Wales, Australia on March 25, 2023, which are listed in several overall objectives of the New South Wales Electoral

Commission in organizing elections and handling COVID-19 to a) Protect the health and safety of voters, b) Protect the health and safety of candidates, supervisors, and other political participants, c) Protect the health and safety of election officials, d) Follow the advice and direction of state authorities to reduce exposure to COVID-19, and e) Minimize the risk of exposure to COVID-19. The risk minimization can be achieved by implementing the following actions:

1. Encourage eligible voters to consider voting by mail or in person to decrease the number of people gathering at polling stations on Election Day;
2. Limit the spread of COVID-19 among the electorate by utilizing phone voting as an option under the applicable rules and regulations;
3. Require all eligible workers at the New South Wales Electoral Commission to get at least their second dose of the COVID-19 vaccination, and are strongly encouraged to receive all other recommended vaccines by their age and individual health needs.
4. Require the election officials at polling locations to wear face masks;
5. Encourage all voters, political participants, and visitors to wear face masks when queuing to enter the venue;
6. Perform a physical distancing of at least 1.5m as much as possible; and
7. Apply health protocols to ensure a secure and safe election process. [26]

The appropriate risk-minimization actions taken by the New South Wales Government can be adapted to create an election that aligns with the conditions and threats of the new COVID-19 virus mutation.

1.2.2 Establishment of the Post-COVID-19 Handling Task Force

The Disease Handling Task Force, which extends into a pandemic (to handle potential future pandemics), plays a vital role in managing upcoming pandemics. Based on Presidential Decree No. 7/2020 that pertains to the COVID-19 Handling Task Force, and which was subsequently amended by Presidential Decree No. 9/2020 on the Amendments to Presidential Decree No. 7/2020 on the COVID-19 Handling Task Force, On March 13, 2020, the Indonesian government established the COVID-19 Handling Task Force. As of June 22, 2023, with the shift in COVID-19 from a pandemic to an endemic, the Task Force has been dissolved.

On the other hand, the Australian National COVID-19 Clinical Evidence Taskforce (NC19CET) continues to be effective in managing the COVID-19 pandemic. However, this raises concerns as the WHO has recommended global preparedness for living alongside COVID-19 and its variants. In contrast, the Indonesian government has disbanded its task force without establishing a replacement. If the worst-case scenario were to repeat itself in Indonesia, the government could be faced with chaos

similar to the one it experienced in the early stages of the COVID-19 outbreak. It is essential to note that on August 10, 2023, the E. G 5.1 (Eris) and XBB 1.9 viruses emerged in Indonesian territory, nearly a month after lifting the COVID-19 emergency status.

Downgrading an outbreak status from “pandemic” to “endemic” suggests a diminished priority for government funding and support. If a new vaccine is needed to combat a new variant, those receiving the vaccine would bear the cost. Furthermore, it is essential to establish a working group focused on managing health protocol violations during elections after the 2020 regional head general elections. Political parties, campaign teams, political candidates, individual candidates, and all election participants, should play an active role in preventing such violations and ensuring compliance with health laws. The working group plans to conduct public awareness campaigns on implementing health protocols as measures for preventing the transmission of COVID-19. They will promote compliance with the protocols for large-scale mobilization and collaborate with all parties involved in organizing elections, community movements, law enforcement, and other related parties.

4 Conclusion

The threat of the COVID-19 mutation in Indonesia requires vigilant surveillance and collaborative prevention. Societal and governmental factors exacerbate this problem and raise concerns about the recent revocation of the emergency status and disbanding of the COVID-19 Working Group, as well as the prevalence of the new XBB and Eris variants in Indonesia, which have already begun to spread. Preparations must be made ahead of the 2024 Democratic Party’s general elections for the implementation of health protocols. While not as intense as the simultaneous regional chief elections in 2020, specific regulations and arrangements must be made to ensure proper adherence to the health protocols. This involves establishing a task force to oversee and ensure the implementation of the protocol during the election. It is hoped that this implementation will not contribute to the spread of new COVID-19 variants and prevent any potential issues in the upcoming 2024 presidential election.

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