



World Health Organization Policy Facing the Spread of COVID-19 in Indonesia

Mardiansyah¹

¹ Faculty of Law, Universitas Gadjah Mada, Indonesia
mardiansyah95@mail.ugm.ac.id

Abstract

Introduction to the Problem: This article discusses WHO policy set out in WHO protocol with 4 scenarios to be recommended to countries, namely countries without a case, countries with 1 or more cases, countries with cluster cases, and cluster with greater local transmission. In this case, Indonesia has a policy which is formed based on the WHO advice.

Purpose/Objective of the Study: To find out whether the policies implemented to manage COVID-19 spread in Indonesia have similarities with the protocol of the WHO.

Design/Methodology/Approach: Data were collected from primary and secondary data sources in the form of literature legal research and statute approach.

Findings: The results showed that the recommended protocols adopted by the Indonesian government are mostly focused on ending the spread, rather than preventing the COVID-19 outbreak from entering a territory. As a result, there had been some considerations regarding to the implementation of WHO protocols, especially when closing an area or restricting national access. However, WHO policy is not an obligation to be implemented by a country because the most crucial thing is that anticipating the spread, breaking the spread chain and finding a cure from this health condition for patients.

Paper Type: Research Article

Keywords: Policy Implementation; WHO; COVID-19; Indonesia

Introduction

Coronavirus belongs to the *Coronaviridae* family in the *Nidovirales* order (Gorbalenya, 2020). The virus represents crown-like spikes on the outer surface of the virus; thus, it was named as Coronavirus (Shereen, Khan, Kazmi, Bashir, & Siddique, 2020). At the end of 2019, Wuhan, an emerging business hub in China, experienced an outbreak of a novel coronavirus that killed more than eighteen hundred people and infected more than seventy thousand citizens within the epidemic first fifty days. The virus has been identified as belonging to the coronavirus group β (*betacoronaviruses*). The Chinese researchers have called the novel virus Wuhan coronavirus, or 2019 novel coronavirus (2019-nCov). The International Committee on Taxonomy of Viruses (ICTV) named the virus as SARS-CoV-2 and the disease as COVID-19 (Cui, Li, & Shi, 2019).



The result of Coronavirus detection as an infectious disease is the contagion of communicable diseases that must involve the role of international health organizations. One of the United Nations-owned international organizations with a focus on addressing health issues is World Health Organization. This organization was formed in 1948 to improve the level of public health worldwide (Lee, 2020). This organization has the role of collecting data and recommending policies which can then be applied to countries worldwide to prevent the virus from entering them as well as to suppress the spread.

One of WHO's roles is to issue warnings about the danger of a disease, particularly infectious diseases. Concerning the dangerous spread of the outbreak COVID-19, WHO plays a key role when announcing on February 11, 2020 that COVID-19 is a pandemic a global disease (Burki, 2020). This virus has a huge impact that can spread all over the world. WHO important roles in handling the COVID-19 infectious diseases is to coordinate and collect reports on the spread of infectious diseases from countries around the world, including Indonesia which reported to the public on 2 March 2020 that the first COVID-19 case has been imported. WHO then announced the policy as a basis to make a protocol for the prevention of the transmission of COVID-19.

WHO Protocols have become interesting to be treated since there is a difference in the application of policies when there are no cases and after the first case that occurred in Indonesia. This article will discuss the urgency of WHO to be applied in national law especially in Indonesian regulations.

Methodology

The type of this research is a normative method. The author collected the data from the legal literature, focusing on a reading and analysis of the primary and secondary materials (such as legal dictionaries, textbooks, journal articles, and legal encyclopaedias). Data source in this research was gathered using secondary data system. It is a research tool for collecting data from research in legal literature.

Library work has been done to gather data by reading, reviewing and deriving results from relevant documents, such as law books, legal journals, websites, internet and others linked to this research's key problem (Sugiono, 2012). The data were systematically analysed through descriptive qualitative method which means the researcher collected and selected the analysed data then systematically organized the results to be concrete data.

Results and Discussion

Urgency of the WHO Policy

WHO as a global public health body is central to the establishment of health norms at international level (Hasrul, 2020). Established in the aftermath of World War II in 1948, WHO is guided by a deep, collective awareness of the worldwide need for improvement in health (Lee, 2020). Article 1 of the WHO Constitution explicitly



recognizes that the purpose of the organization “shall be the attainment by all peoples of the highest possible level of health.”

Despite the organization’s reticence in global health leadership, WHO remains the principal international organization charged with addressing threats of emerging and re-emerging infectious diseases, among other public health issues ([WHO Director-General’s opening remarks at the media briefing on COVID-19 - 11 March 2020](#)). Upon the organization establishment, Member States granted WHO an unparalleled law-making power to ensure the agency would fulfil its constitutional mandate. Specifically, WHO Constitution and the United Nations Charter establishes the organization as the specialized health agency within the United Nations system, tasked with coordinating and responding to international health activities ([WHO Director-General’s opening remarks at the media briefing on COVID-19 - 11 March 2020](#)). However, with each passing decade, WHO has become a shadow of its former glories.

In May 2005, WHO adopted and revised regulations, which entered into force for most countries on June 15, 2007 ([Fischer & Katz, 2011](#)). International Health Regulation 2005 (IHR 2005) has purpose “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”.

In the last decade, the threat of highly pathogenic avian influenza viruses to populations, health systems and socioeconomic infrastructures compelled governments across the world to increase their preparedness for the next such emergency. Public health agencies, research institutions, the pharmaceutical industry and major development partners are among those that responded rapidly to the alarm. WHO Member States reinforced the importance of health security in policies and guidelines such as the updated International Health Regulations (2005), and through innovative strategies such as WHO Initiative to increase influenza vaccine production capacity in developing countries ([Friede, 2011](#)).

In addition, the capacities of Public Health Response are (a) to determine rapidly the control measures required to prevent domestic and international spread; (b) to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and transport); (c) to provide on-site assistance as required to supplement local investigations; (d) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures; (e) to provide direct liaison with other relevant government ministries; (f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations



received from WHO regarding events in the State Party's own territory and in the territories of other State Parties; (g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency of international concern; and (h) to provide the foregoing on a 24-hour basis (Friede, 2011).

Implementation of International Health Regulation (IHR 2005)

The International Health Regulation 1946 governs the treatment and prevention of global diseases such as HIV (*Human Immunodeficiency Virus*) and AIDS (*Acquired Immune Deficiency Syndrome*). However, IHR 1946 is not able to accommodate global health issues. By the 1990s, analysts had started arguing for a stronger and more flexible diplomatic regime. With neither technological consensus nor a strong political mandate, they began painstakingly laying the foundations for a truly global network for disease detection – and an unparalleled degree of international cooperation in public health. Then IHR 1946 was amended to IHR 2005 which came into force in 2007 (Fischer & Katz, 2011).

The Regulations govern the collaboration, control and prevention of serious communicable diseases. The adoption of the IHR (2005) was considered an important stage in the history of international health law. It was expected that WHO would lead and coordinate international efforts under the IHR (2005) (Hairi, 2020). The adoption also showed that the international community was able to cooperate in putting their joint efforts to handle critical international matters so that when there is an outbreak of a serious communicable disease, it can be quickly controlled and extinguished (Lo, 2020).

WHO is able to take progressive action with the 2005 IHR by assuming the role of health coordinator after Chinese authorities reported in 31 December 2019 that there is a cluster of pneumonia patients in Wuhan City, Hubei Province China, On 7 January 2020, Chinese authorities confirmed that they had identified a new corona virus in Wuhan. Then, WHO accommodated to provide strategic preparedness and response facing the new pneumonia to the other countries (WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020).

WHO Protocols to the Countries

On 11 February 2020, the outbreak of coronavirus has been declared a global pandemic by the WHO. The director of WHO announced the changing of the virus' name namely "COVID-19". It is a name that did not refer to a geographical location, an animal, an individual or group of people, and which is also pronounceable and related to the disease. Having a name matters to prevent the use of other names that can be inaccurate or stigmatizing. It also gives us a standard format to use for any future coronavirus outbreaks (WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020).



WHO advised that the best way to prevent and delay transmission is to be well informed about the COVID-19 virus, how it causes the disease and how it spreads. Protect yourself and others from infections by constantly washing your hands or rubbing alcohol, and not touching your face. For example, when an infected person coughs or sneezes, the COVID-19 virus is spread mainly through droplets of saliva or out of the nose, so it is important that you also practice breathing etiquette, by coughing on a bent elbow.

Hitherto, COVID-19 has not been given a vaccine or special treatment. Nonetheless, other current clinical trials test alternative therapies. As soon as clinical results are available, WHO will continue to provide the latest information. To prevent infection and slow down transmission of COVID-19, do the following: Wash your hands daily with soap and water, or clean them with an alcoholic wash. Hold a minimum distance of 1.5 meters between you and the person who is sneezing or coughing. Avoid having your face hit. Cover your mouth and nose when you cough or sneeze. Stay home when you're feeling unwell. Do not smoke, and other lung damaging behaviors. Practice keeping a distance away by avoiding unnecessary journeys and staying away from large gatherings ([WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020](#)).

Furthermore, WHO has set out the protocol in four scenarios for the transmission of COVID-19 to the countries:

Table 1. WHO Scenarios

Grades	Preparation, Alertness and Immediate Response Action:
1.	Country without a case (without a case);
2.	Countries with 1 or more cases, imported or locally identified (Sporadic cases);
3.	Countries experiencing cluster cases in time, geographical location and/or general exposure (case cluster);
4.	Countries experiencing greater local transmission (community transmission/distribution);

Source: WHO ([WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020](#)).

As consideration for countries treating irregular cases, WHO recommends that all suspected cases be checked according to WHO case description for COVID-19 ([WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020](#)). Prioritized test strategies is necessary since the viruses do not respect boundaries, a country may have areas without cases and areas with population circulation at the same time. As such, the same country will require different testing strategies. For territories in a country without circulation, the target remains to check



all suspicious cases to identify the first cases in the area or new arrangements as soon as possible, and to take urgent measures to avoid spread in that region.

WHO Protocols in Indonesia

In international law, a state is recognized as a subject of international law which is capable of having international law relations in all areas of international community life, with fellow countries as well as with other subjects of international law (Parthiana, 2017). That position has made a country becoming dominant as international law subject. The state's dominant role in international law relations might not be separated from the state's superiority in comparison with other international legal subjects as the state has sovereignty.

In fighting against the spread of COVID-19, there are 4 (four) scenarios prepared as mentioned, and WHO recommends the protocols to be taken by the countries around the world. However, the state has a right to consider the protocol to be applied. As a state, Indonesia has a sovereignty to implement WHO Protocol wholly, partially or even reject it. This is depending on state conditions.

WHO Protocols are based on the countries' experiences that were previously impacted by the outbreak of COVID-19, since there are many differences between a country and other countries such as geographical and the character of the society. Thus, the considerations in implementing a policy may not be the same, but each country has the same purpose, that is preventing the spread of COVID-19 outbreaks.

Indonesia as a Country without a Case

According to WHO case description Monitoring Global for human coronavirus infection (COVID-19), all suspected cases tested for COVID-19 are suggested by WHO. Proving that COVID-19 does not spread in certain communities requires sufficient monitoring. Surges of severe acute respiratory infections (SARIs) or influenza-like diseases (ILIs) detected through clinical surveillance can be a suspected indicator of COVID-19 circulation in the general population and should require specific COVID-19 testing. It is important to stress that failure to have laboratory-confirmed cases does not presuppose that a country is COVID-19-free and can be a sign of insufficient testing and monitoring. All countries are urged to objectively evaluate the approaches for respiratory control and research. WHO encourages countries to submit GISRS core/ILI data and is establishing interim operational requirements for COVID-19 tracking using GISRS (WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020).

Assessment of possible risk areas and population with respect to trips to high-risk countries can require a more comprehensive testing strategy. Health professionals must also be proactive and request monitoring when they encounter patients with unusual clinical symptoms or when hospital admissions of other ethnic groups are growing. It is very important to prepare for the possibility of increasing transmission



and to plan for increased COVID-19 testing capacity even before COVID-19 cases are detected nationally.

One of extremely hard things to detect is when someone is exposed to COVID-19 or not. Even, the virus had spread to others before someone discovered had been infected with COVID-19 or not. In light of this, the main policy adopted by the government of Indonesia is to prevent the first imported case from occurring.

To prevent the spread of COVID-19, the Government of Indonesia began to anticipate it by tightening international access and carrying out health checks in the form of body temperature scanners at 135 airports, land and port points on January 18, 2020. Then, it prepares 100 referral hospitals, opens contact services that are publicly accessible. On 02 February 2020, international flights stopped importing live animals, mainly from Hubei Province, China.

First Case in Indonesia

When the first case of COVID-19 is detected in a territory, an investigation must be performed to determine the source of the infection (e.g., imported cases, local human transmission, or potential transmission of animal to person). This investigation could include genetic sequencing of newly discovered viruses if possible. It is suggested that one WHO reference laboratory which provides confirmation testing for COVID-19 confirm the identification of the first case. The other guidelines mentioned in the scenario do not yet apply to all of the above cases, but each sporadic case involves active case finding from interaction and undertaking the required isolation and treatment ([WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020](#)).

The Coronavirus epidemic was declared a national disaster by Indonesia On March. The first imported case was detected by authorities in West Java, Depok, in which the government attempted to make sure that there is no local case happening ([Almuttaqi, 2020](#)). As a result, The Ministry of Health released a self-isolation guideline in the handling of coronavirus. The protocol is found in Circular Letter HK.02.01/MENKES/202/2020 on the self-isolation procedure for the treatment of coronavirus disease:

- (1) Isolation arises when someone is sick of the COVID-19 or is optimistic?. Stay at home if you're sick. Things to do: don't go to work, go to school, or go to public spaces. This is to avoid having COVID-19 infected to others. You have to separate yourself and control yourself to avoid the possibility of transmission to those around, including the family. Reporting on health concerns to the nearest health center, contact history with COVID -19 patients, or travel history from country/local area of transmission;
- (2) Single persons: Someone who is suffering but is not at risk of any comorbidities. People in Monitoring (*ODP; Orang Dalam Pengawasan*) whose fever/respiratory symptoms with a country/local area history of transmission.



Those who have no symptoms but have had close contact with patients with COVID -19.

The length of time for self-isolation is 14 days before laboratory test results are recorded. During self-isolation, things to do: Stay at home, don't go to work and go to public spaces. Having different homecoming rooms from other family members. Strive to maintain at least 1 meter of distance from other family members if possible (Kusumaputra & Retnowati, 2020). Wear a mask of self-isolation at all times. Moreover, take daily temperature measurements, and note clinical symptoms such as trouble with coughing or breathing. Avoid sharing food utensils (plates, spoons, forks, cups), toiletries (towels, toothbrushes, dippers), and bed linen. Apply Safe and Healthy Life Activity (PHBS) by eating nutritious food, frequently brushing your mouth, washing your hands with soap and running water, and practicing a cough/sneezing ethic. Being outside and basking in the sun every morning. Holding disinfectant fluids in the house healthy. If the discomfort (such as shortness of breath) worsens for further treatment, contact health care facilities immediately (Kusumaputra & Retnowati, 2020).

Acceleration Task Force

The implementation of COVID-19 policies begins with the creation of COVID-19 Handling Acceleration Task Force (*Sat-gas COVID-19*), which includes the six guidelines for preventing the spread of the Corona virus to the public. The government team was supported by the best experts from the Indonesian Medical Association, the Association of Public Health of Indonesia, Hospital Association Indonesia, Indonesian Lung Doctors Association and other experts have established recommendations for community prevention and medical care in face-to-face communication-education health facilities (Hasibuan & Ashari, 2020).

The guidelines of the COVID-19 Task Force to speed up acceleration of treatment include: First, non-face-to-face education specific to the Coronavirus. The second is patient care and prospective patient referral. The third element is the supervision of rapid experiments, and other laboratory tests. The fourth is hospital care governance. The fifth is segregation and isolation governance, and the last is a guideline on treating death cases.

Public is not only required to separate themselves from society as declared by the World Health Organization (WHO), but also to carry out physical distances. Policymakers are expected to make public health a priority by actually posing the possibility of a poor economy. The issue of health mitigation does not need to be questioned and must be delivered transparently to get a trust from public.

From the determinants namely accountability and public trust, it can only properly and objectively decide the measures that the government and civil society will take. The Health Task Force is a good government-civil society link. Those two elements should work together and help one another in saving lives. Collaboration among



government, private sectors, and civil society is important in which many elements and professions have to be considered in their respective scientific capacities. When those elements work together to help society carry out social distancing and physical distancing, the spread of COVID-19 can be controlled well, which may support government to stabilize the economy, meet the community medical needs as well as basic needs.

To Support the Policy, Released Prisoners

Legal policy in a rule of law is common thing for the sake of the problems of citizens. With this outbreak, taking into account recommendations of WHO such as a policy of rescuing citizens from the COVID-19 pandemic outbreak by giving prisoners freedom that has served 2/3 of their sentences is a strategic option (Yunus, 2020).

Assimilated prisoners caused 150 prisons in Indonesia overcrowded. This overcrowded condition is very prominent for the regions of Java, Bali and Sumatra, even for the DKI Jakarta, in which the excessive density in Correctional Institution (*Lembaga Perasyarakatan*) is more than 100 per-cent. The increase in the number of Correctional Institution (*Lembaga Perasyarakatan*) and detention inmates resulting in overcrowded is not accompanied by an increase in the number of facilities and adequate facilities and infrastructure (Widayati, 2012).

The Government of Indonesia through the Ministry of Law and Human Rights issued Permenkumham No.10, 2020 concerning the conditions for granting the Right to Integration and Assimilation in the Framework of Prevention and Management of the Spread of COVID-19. On April 20, 2020, the government released 38,822 public prisoners (Gumelar, Rosidin, 2020). This policy is considered to prepare the spread happening in Correctional Institution. Some other countries had done similar policy, such as United States, England, Wales, and Iran (Ahmed, Quadeer, & McKay, 2020).

Indonesia Experiencing Cluster Cases in Time, Geographical Location and/or General Exposure (Case Cluster)

Responding to the increasing number of cases and/or the number of deaths due to the increase and spread of COVID-19, it is necessary to restrict access such as airports, ports and land vehicles, especially access to humans and animals from an area to region other based on WHO protocol. Accordingly, the Central Government issued PERMENHUB number 25 of 2020 concerning Transportation Control during the *Mudik* season. In Article 1 paragraph 2 of the Regulation of the Minister of Transportation it is regulated concerning “temporary prohibitions on the use of transportation advice whether it is land, sea, air or train.”

Regulation of the Minister of Transportation Number 25/2020 also regulates restrictions on the use of transportation in and out of the Red Zone areas. For example, land transportation is prohibited from passing through Jakarta, Bogor, Depok, Tangerang and Bekasi. The regulation also sets related sanctions on stages starting from giving warnings and persuasive reprimands to imposing fines for



private vehicle users who carry passengers for homecoming purposes (Ubaidillah & Aji, 2020).

Indonesia Experienced Greater Local Transmission (Community Transmission)

Due to increasing cases significantly happened in several regions, the central government chose to implement the policy of Large-Scale Social Restrictions or *Pembatasan Sosial Berskala Besar* (hereinafter: PSBB). This policy is literally a slightly different from other countries, where others use the term "Lockdown". Countries, like China, which enforced lockdowns were able to suppress COVID-19 spread transmitted inside the country dropped to zero about eight weeks after the major government quarantine of some 60 million people in the province of Hubei (Lau, 2020). Currently, with the virus epicenter lockdown in Wuhan expected to be lifted on 8 April, 2020, countries around the world will be watching closely to see if infections are rising again. Other countries that implement this policy are, Italy, India, Britain and Spain (Lau, 2020).

Large-Scale Social Restrictions (Pembatasan Sosial Berskala Besar)

According to the Law of the Republic of Indonesia Number 6 Year 2018 on Health Quarantine, the government chooses Large-Scale Social Restrictions Article 1 (11) "*Large-scale Social Restrictions are restrictions on certain activities of the population in an area suspected of being infected with a disease and/or being contaminated in such a way as to prevent the possibility of spreading the disease or contamination.*"

The government of Indonesia follows up on the increasing transmission of covid spread by issuing Government Regulation of the Republic of Indonesia Number 21 year 2020 concerning Large-Scale Social Restrictions in the context of accelerating the handling of Corona Virus Disease 2019 (COVID-19), Article 1 Corona Virus Disease 2019 (COVID-19) in such a way as to prevent the spread (COVID-19). The application of large-scale social restrictions at least includes, Article 4 (1): a. School and workplace entertainment; religious restrictions; and/or c. restriction of activities in public places or facilities.

The application of a Large Scale Social Restriction is very strict, as stipulated in article 3: a. must meet the number of cases and/or the number of deaths due to disease increased and spread significantly and rapidly to several regions; and b. epidemiological links with similar events in other regions or countries. Although the researcher saw it was quite late, at least with the above rules there is no conflict of authority between the central government and local governments.

This policy of restricting movement may have a major impact on society's economic wheels, particularly to people working in informal sectors whose daily income only. Food prices would increase if not prepared properly. As a result, this will cause shortages of goods in different markets, which ultimately trigger socio-economic problems.



Problems in the Implementation of WHO Protocol in Indonesia

According to WHO guidelines and protocols, the Government of Indonesia had met anticipatory measures indicated by actions in the earlier assessment, tracking, supervision and recovery measures, as well as conducting other initiatives such as promoting healthy living and always washing hands. It is important to take actions seriously toward pandemics which freeze the world. Anticipatory actions to manage COVID-19 before any worse measures happening should be taken. In other words, the pace of action required in the current emergency, because the virus is infecting the public so quickly.

Sufficient data, accountability, accuracy of testing laboratories, health system, and health workers safety are determinant factors to succeed the national setting agenda in Indonesia's handling of Corona Outbreaks. In fact, the data inconsistencies are found in the capital city. For example on 15 April, 2020, Provincial Government of West Java said 540 positive people were infected with the Corona-Virus (COVID-19), but Central Government claimed it was 530 people (Farizi & Harmawan, 2020). In addition to health concerns, the effect of the COVID-19 outbreak itself has occurred in non-health problems such as economic issues. The downturn in the pace of economic growth in Indonesia affects to numerous factors in global circumstances, including the prevalence of the Corona virus.

Conclusion

WHO policy in handling the COVID-19 spread formulates four scenarios, namely: (1) Country without case; (2) Countries with one or more cases imported or locally; (3) Countries experiencing cluster case in time, geographical location and/or general exposure; (4) Countries experiencing greater local transmission. As a sovereign country, Indonesia has a freedom to adapt in full or partial according to the needs.

Accordingly, the scenarios applied were: (1) When COVID-19 cases were not detected, the Indonesian government only limited access to air and sea transportation between countries, in particular transportation from the co-19 affected countries, so economic turnover continued as usual. (2) When the first case was found, the government implemented an isolation protocol in which all activities were carried out at home, with the exception of economic activities of a necessity nature such as food and drug stores. (3) The central government implemented transportation restrictions by means of Ministry of Transportation Regulations in responding to transmissions between regions, i.e., land vehicles are prohibited from passing through red areas such as Jakarta, Bogor, Depok, Tangerang and Bekasi (JABODETABEK). (4) Finally, with these comprehensive criteria, the government of Indonesia authorized the regional leaders to introduce Large-Scale Social Restriction, so that the application of this program does not disrupt economic conditions.



It is quite effective to implement WHO policy as a whole in Indonesia, given Indonesia's very dense population. A success and failure in adopting WHO policies in a variety of regions is a concern for the particular society, as the central government has acted optimally in line with the recommendations of WHO in coordination with the local government and the task force formed.

References

- Ahmed, S. F., Quadeer, A. A., & McKay, M. R. (2020). Preliminary identification of potential vaccine targets for the COVID-19 Coronavirus (SARS-CoV-2) based on SARS-CoV Immunological Studies. *Viruses*, 12(3), 1–15. <https://doi.org/10.3390/v12030254>
- Almuttaqi, A. I. (2020). Kekacauan respons terhadap COVID-19 di Indonesia. *The Habibie Center Insights*, 1(13), 1–7. Retrieved from <http://habibiecenter.or.id/img/publication/66f28c42de71fefe1c6fcdee37a5c1a6.pdf>
- Burki, T. K. (2020). Coronavirus in China. *The Lancet. Respiratory Medicine*, 8(3), 238. [https://doi.org/10.1016/S2213-2600\(20\)30056-4](https://doi.org/10.1016/S2213-2600(20)30056-4)
- Cui, J., Li, F., & Shi, Z. L. (2019). Origin and evolution of pathogenic coronaviruses. *Nature Reviews Microbiology*, 17(3), 181–192. <https://doi.org/10.1038/s41579-018-0118-9>
- Farizi, S. Al, & Harmawan, B. N. (2020). Data transparency and information sharing: coronavirus prevention problems in Indonesia. *Jurnal Administrasi Kesehatan Indonesia*, 8(2), 35. <https://doi.org/10.20473/jaki.v8i2.2020.35-50>
- Fischer, J. E., & Katz, R. (2011). The International Health Regulations (2005): surveillance and response in an era of globalization the International Health Regulations (2005): surveillance and response in an era of globalization. *Stimson Center*, (June), 1–42.
- Friede, M., Palkonyay, L., Alfonso, C., Pervikov, Y., Torelli, G., Wood, D., & Kieny, M. P. (2011). WHO initiative to increase global and equitable access to influenza vaccine in the event of a pandemic: Supporting developing country production capacity through technology transfer. *Vaccine*, 29(SUPPL. 1), A2–A7. <https://doi.org/10.1016/j.vaccine.2011.02.079>
- Gorbalenya, A. E., Baker, S. C., Baric, R. S., de Groot, R. J., Drosten, C., Gulyaeva, A. A., ... Ziebuhr, J. (2020). The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. *Nature Microbiology*, 5(4), 536–544. <https://doi.org/10.1038/s41564-020-0695-z>
- Gumelar, D. R., Rosidin, U., & ... (2020). Kebijakan Asimilasi dan Hak Integrasi Narapidana di Tengah Pandemi COVID-19 Perspektif Hukum Penitensier. ... *Pandemi COVID-19* Retrieved from <http://digilib.uinsgd.ac.id/id/eprint/34429>
- Hairi, P. J. (2020). Implikasi Hukum Pembatasan Sosial Berskala Besar Terkait Pencegahan COVID-19. *Info Singkat Bidang Hukum*, 12(April), 1–6. Retrieved from http://berkas.dpr.go.id/puslit/files/info_singkat/Info_Singkat-XII-7-I-P3DI-April-2020-%0A240.pdf%0A
- Hasibuan, R. P. P. M., & Ashari, A. (2020). Optimasi Peran Negara Menghadapi Pandemi Corona Virus Disease 2019 dalam Perspektif Hukum Tata Negara Darurat. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(7). <https://doi.org/10.15408/sjsbs.v7i7.15379>
- Hasrul, M. (2020). Aspek hukum pemberlakuan Pembatasan Sosial Berskala Besar



- (PSBB) Dalam Rangka Penanganan Corona Virus Disease 2019 (COVID-19). *Legislatif*, 3, 385–398.
- Kusumaputra, A., & Retnowati, E. (2020). Analisis Yuridis Dasar Pertimbangan Kebijakan Di Tingkat Daerah, *Jilid 49*(3), 222–232.
- Lau, H., Khosrawipour, V., Kocbach, P., Mikolajczyk, A., Schubert, J., Bania, J., & Khosrawipour, T. (2020). The positive impact of lockdown in Wuhan on containing the COVID-19 outbreak in China. *Journal of Travel Medicine*, 27(3). <https://doi.org/10.1093/jtm/taaa037>
- Lee, T.-L. (2020). Global Health in a Turbulence Time: a Commentary. *Asian Journal of Wto & International Health Law and Policy*, 15(1), 27–60.
- Lo, C. (2020). The Missing Operational Components of the IHR (2005) from the Experience of Handling the Outbreak of COVID-19: Precaution, Independence, Transparency and Universality. *Asian Journal of Wto & International Health Law and Policy*, 15(1), 1–26.
- Parthiana, I. W. (2017). Beberapa Masalah Dalam Pengimplementasian Kewajiban Negara Indonesia Di Bawah Perjanjian Internasional Ke Dalam Hukum Nasional Indonesia. *Veritas et Justitia*, 3(1), 163. <https://doi.org/10.25123/vej.2529>
- Shereen, M. A., Khan, S., Kazmi, A., Bashir, N., & Siddique, R. (2020). COVID-19 infection: Origin, transmission, and characteristics of human coronaviruses. *Journal of Advanced Research*, 24(March), 91–98. <https://doi.org/10.1016/j.jare.2020.03.005>
- Sugiono. (2012). Metode Penelitian Kualitatif Sugiyono. *Mode Penelitian Kualitatif*, 1–5.
- Ubaidillah, M., & Aji, R. H. S. (2020). Aglomerasi Dalam Permenhub tentang Larangan Mudik dan Pengaruhnya terhadap Pertumbuhan Ekonomi. *Adalah*, 4(1), 151–158. <https://doi.org/10.15408/adalah.v4i1.15667>
- WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. (n.d.). Retrieved February 26, 2021, from <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-COVID-19---11-march-2020>
- Widayati, L. S. (2012). Rehabilitasi Narapidana Dalam Overcrowded Lembaga Pemasyarakatan. *Jurnal Negara Hukum*, Vol.3(2), 201–226.
- Yunus, N. R. (2020). Kebijakan COVID-19 , Bebaskan Narapidana dan. *ADALAH Buletin Hukum & Keadilan*, 4(1), 1–6.