

Valuasi ekonomi dampak kesehatan kebijakan perketatan dan pelonggaran PSBB di DKI Jakarta = Economic valuation of health impact of the lockdown and mitigation PSBB policies in DKI Jakarta.

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Abstrak

Coronavirus Disease 2019 atau COVID-19 merupakan pandemi yang menjangkiti di lebih dari 200 negara di seluruh dunia. Indonesia sebagai negara terpadat keempat di dunia, diprediksi akan menghadapi ancaman besar pandemi ini. Sebagai ibukota negara, wilayah DKI Jakarta sangat terinfeksi dan disebut sebagai episentrum penyebaran COVID-19 di Indonesia. Upaya pemerintah DKI Jakarta menekan penyebaran virus yakni penerapan kebijakan perketatan atau Pembatasan Sosial Berskala Besar (PSBB) pada tanggal 25 Maret hingga 4 Juni 2020, selanjutnya diterapkan kebijakan PSBB transisi atau pelonggaran untuk memulihkan ekonomi. Kenaikan jumlah kasus positif dan kematian yang signifikan pasca PSBB pelonggaran mengindikasikan adanya potensi manfaat (benefit) yang dapat diperoleh apabila terus dilakukan PSBB perketatan terus menerus. Penelitian ini ingin mengetahui besarnya benefit dari selisih antara kebijakan PSBB pelonggaran, dengan simulasi PSBB perketatan terus menerus sampai batasan tanggal 31 Agustus 2020. Benefit dampak kesehatan dihitung melalui morbiditas cost of illness diantaranya: Biaya Medis dan kehilangan produktivitas (TPL). Juga mortalitas menggunakan Nilai Statistik Kehidupan (VSL). Model ARIMA digunakan untuk simulasi prediksi pada data kasus positif dan metode transfer nilai satuan untuk prediksi kasus kematian. Apabila terus dilakukan perketatan, secara total kasus positif DKI Jakarta menurun sebesar 54,2% menjadi 18.460 kasus dan kematian hanya 550 kasus. Manfaat biaya medis yang dapat diperoleh bisa menghemat anggaran kesehatan sebesar Rp1,26 Trilyun. TPL berimbang pada kebanyakan rentang usia 30-34, 25-29, dan di atas 60 tahun dan memiliki manfaat sebesar Rp56 Miliar. Kematian banyak terjadi pada rentang usia di atas 60 tahun, manfaat VSL yang didapat Rp15,5 Trilyun.

.....Coronavirus Disease 2019 or COVID-19 is a pandemic that has affected more than 200 countries around the world. Indonesia, as the fourth most populous country in the world, is predicted to face a huge threat from this pandemic. As the national capital, the DKI Jakarta area is highly infected and is referred to as the epicenter of the spread of COVID-19 in Indonesia. The efforts of the DKI Jakarta government to suppress the spread of the virus through the implementation of more restrictive policies or Large-Scale Social Restrictions (PSBB) from March 25 to June 4, 2020, then the implementation of loosening of the restriction of the PSBB policy to recover the economy have impacted on various aspects. The increase in the number of positive cases and deaths, which became quite significant after the relaxation of the restrictions, states that the potential benefits that can be obtained through the continuation of the implementation of PSBB are conspicuously obtrusive. This study, in consequence, wants to see the major ideals of the difference in the policy of alleviating the rigorousness of the restriction (PSBB), and in the progressive suppression of PSBB execution that had taken place until 31 August 2020. The health impact benefits are calculated through the morbidity of disease costs, including: Medical Costs and lost productivity (TPL), while the mortality using the Value Statistics of Life (VSL). ARIMA model is used for prediction simulation on positive case data and unit value transfer method for prediction of death cases. If the strict rules are saliently successful in containing the development of positive cases, then the total cases in DKI Jakarta will only have 54.2% or

18,460 cases and the death will only be 550 cases. Benefits of medical costs that can incur are a cut of the health budget amounting up to IDR 1.26 trillion. TPL affects most of those aged between 30-34, 25-29, and above 60 years and it also yields a benefit of IDR 56 billion. From the death of many aged above 60 years, it will contribute to the benefits of VSL that totals up to IDR 15.5 trillion.