

Perlindungan Kesehatan Ketika Negara dalam Keadaan Darurat Corona Virus Disease 2019 (COVID-19) = Health Protection When the Country is in a State of Emergency Corona Virus Disease 2019 (COVID-19)

Aninda Novedia Esafrin, author

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Abstrak

Pandemi covid-19 yang merebak secara tiba-tiba menimbulkan kepanikan dan ketidaksiapan semua negara di belahan dunia termasuk dengan Indonesia. Keadaan darurat pandemi covid-19 di hadapi Indonesia dengan menerapkan status darurat Kesehatan masyarakat Status keadaan darurat tersebut dipilih pemerintah karena covid 19 termasuk ke dalam bencana non alam. Dengan adanya penetapan status darurat Kesehatan masyarakat yang diatur di dalam Keputusan Presiden Nomor 11 Tahun 2020, pemerintah melakukan beberapa kebijakan dan peraturan pemerintah. Namun dalam proses pelaksanaannya baik program dan kebijakan pemerintah mengalami inkonsistensi sehingga menyebabkan kebingungan di dalam masyarakat. Tulisan ini menggunakan metode penelitian normatif yang mengacu pada asas-asas hukum, sistematika hukum, dan perbandingan hukum dengan mengkaji pengaturan kedaruratan, hak atas Kesehatan di dalam konstitusi beberapa negara. Hasil penelitian menunjukkan bahwa pemerintah dalam melakukan perlindungan terhadap hak asasi manusia akan Kesehatan selama keadaan darurat pandemi covid-19 dianggap kurang berhasil oleh masyarakat sebab di awal penanggulangannya, pemerintah terkesan lamban dan tidak adanya inisiatif dalam melakukan pencegahan. Barulah covid-19 merebak di kalangan masyarakat pemerintah gencar dalam melakukan penanggulangan. Dalam penanggulangan covid-19, pemerintah mengeluarkan beberapa peraturan untuk menanggulangi covid-19 seperti Penerapan Protokol Kesehatan, Pembatasan Sosial Berskala Besar, Vaksinasi Covid-19, Melakukan tes PCR Ketika akan bepergian dan terakhir Menetapkan PPKM. Namun peraturan peraturan tersebut selalu tidak memiliki kejelasan dan berubah-ubah seperti PPKM terkait dengan level kedaruratan. Selain itu, terkait program vaksinasi yang penyebaran informasi tidak sampai di tengah masyarakat sehingga program vaksinasi banyak menimbulkan keraguan dan keributan yang menyebabkan terhambatnya pencegahan dan penanggulangan covid-19. Permasalahan PCR juga dirasakan masyarakat sebab program tes PCR yang diwajibkan oleh pemerintah Ketika akan melakukan perjalanan dirasa sangat mahal harganya dan membebani masyarakat terlebih lagi dengan masyarakat dengan ekonomi menengah ke bawah. Inkonsistensi pemerintah dalam membuat peraturan dan kebijakan inilah yang membuat carut marut sistem kedaruratan di Indonesia. Terlebih lagi banyaknya tumpang tindih peraturan dan tidak sesuainya peraturan perundang-undangan yang digunakan sebagai dasar menambah daftar panjang persoalan terkait dengan perlindungan hak asasi manusia akan Kesehatan selama pandemi covid-19. Selain itu terdapat beberapa peraturan yang tidak memiliki rujukan dalam peraturan perundang-undangan dan jangka waktu pemberlakuan covid-19 yang sampai sekarang belum ada kejelasan kapan akan berakhir.

.....The COVID-19 pandemic that suddenly spreads has caused panic and unpreparedness for all countries in the world, including Indonesia. The emergency of the COVID-19 pandemic faced by Indonesia by implementing an emergency status public health is not a constitutional emergency status. The state of emergency was chosen by the government because COVID-19 is a non-natural disaster. With the establishment of a public health emergency status regulated in Presidential Decree No. 11 of 2020, the

government has implemented several government policies and regulations. However, in the implementation process, both government programs and policies experienced inconsistencies, causing confusion in the community. This paper uses a normative research method that refers to legal principles, legal systematics, and comparative law by examining emergency settings, the right to health in the constitutions of several countries. The results showed that the government in protecting human rights for health during the Covid-19 pandemic emergency was considered less successful by the community because at the beginning of the response, the government seemed slow and there was no initiative in taking prevention. It was only then that the Covid-19 spread among the people of the government was aggressive in carrying out countermeasures. In dealing with COVID-19, the government has issued several regulations to deal with COVID-19, such as the application of health protocols, large-scale social restrictions, Covid-19 vaccination, conducting PCR tests when traveling and finally establishing the implementation of community activity restrictions (PPKM). However, these regulations always lack clarity and change such as PPKM related to the emergency level. In addition, related to the vaccination program, the dissemination of information did not reach the community so that the vaccination program caused a lot of doubts and commotions which hampered the prevention and control of COVID-19. The PCR problem is also felt by the community because the PCR test program that is required by the government when traveling is considered very expensive and helps the community, especially people with middle to lower economies. The government's inconsistency in making regulations and policies is what makes the emergency system chaotic in Indonesia. Moreover, the many overlapping regulations and the incompatibility of the laws and regulations used as the basis add to the long list of issues related to the protection of human rights to health during the covid-19 pandemic. In addition, there are some regulations that do not have references in the legislation and the same period of covid-19 enforcement now there is no clarity on when it will end.