Kebijakan Karantina Wilayah Terkait Penanganan Pandemik COVID-19 di Berbagai Negara

Regional Quarantine Policy Related to Handling Covid-19 Pandemics in Various Countries

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ABSTRAK


Tujuan: Penulis ingin melakukan analisis kebijakan karantina wilayah yang telah dilakukan di beberapa negara dalam rangka mengatasi pandemic COVID-19.

Metode: Metode yang digunakan dalam penulisan artikel ini dengan melakukan telaah dengan analisis yang bersifat prospektif. Selain melakukan telaah kebijakan yang ada, penulis juga mengumpulkan informasi yang berasal dari media terkait kebijakan karantina wilayah di berbagai negara untuk menekan dan mengatasi penyebaran COVID-19.


Kata kunci: covid-19, karantina, kebijakan, pandemi

ABSTRACT

Background: Responding to the COVID-19 pandemic that has attacked Indonesia and the high rate of confirmation cases, the President established Presidential Decree No. 11 of 2020 Regarding Corona Virus Disease Public Health Determination 2019 (COVID-19) in order to reduce the number of cases COVID-19 is positive so the pandemic is over soon.

Objective: The author wants to conduct a regional quarantine policy analysis that has been carried out in several countries in order to overcome the COVID-19 pandemic.

Methods: The method used in writing this article is by analyzing prospective analyzes. In addition to reviewing existing policies, the authors also collected information from the media regarding regional quarantine policies in various countries to suppress and overcome the spread of COVID-19.

Results: Before the policy for regional quarantine in Indonesia was implemented, many other countries had carried out regional quarantine or lockdown to reduce the COVID-19 incidence rate. China became the first country to implement a lockdown and followed by several countries such as Italy, Denmark, Spain, France, the Philippines and many others. Indonesia itself has carried out regional quarantine (PSBB) in several regions such as DKI Jakarta, West Java and East Java.
Conclusion: Many countries have carried out strict regional quarantine and resulted in a decrease in the COVID-19 event curve. This encourages other countries to do the same thing so that the COVID-19 pandemic can soon be overcome so that the people's economy can be stable again.

Keywords: covid-19, policy, pandemic, quarantine

INTRODUCTION

Since December 31, 2019, the world has been enlivened by a Corona Virus Disease (COVID-19) outbreak in Wuhan, China where some people have pneumonia for no apparent reason and treatment procedures until the vaccine provided is ineffective. Coronavirus (CoV) is a large family of viruses that cause diseases ranging from mild to severe symptoms. There are at least two types of coronaviruses that are known to cause diseases that can cause severe symptoms such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The coronavirus novel (2019-nCoV) is a new type of virus that has never been identified before in humans. Corona virus is zoonosis (transmitted between animals and humans). Research says that SARS-CoV is transmitted from civet cats to humans and MERS-CoV from camels to humans. Some coronaviruses are known to circulate in animals but have not been proven to infect humans.

On December 31, 2019, the WHO China Country Office reported a case of pneumonia of unknown etiology in Wuhan City, Hubei Province, China. On January 7, 2020, China identified pneumonia of unknown etiology as a new type of coronavirus (novel coronavirus, 2019-nCoV). The increase in the number of 2019-nCoV cases took place quite quickly and there has been a spread outside the Wuhan region and other countries. Until January 26, 2020, globally 1,320 cases were confirmed in 10 countries with 41 deaths (3.1% CFR). Details of China 1297 confirmed cases (including Hong Kong, Taiwan and Macau) with 41 deaths (39 deaths in Hubei Province, 1 death in Hebei Province, 1 death in Heilongjiang Province), Japan (3 cases), Thailand (4 cases), Korea South (2 cases), Vietnam (2 cases), Singapore (3 cases), USA (2 cases), Nepal (1 case), France (3 cases), Australia (3 cases). Among these cases, there were already several health workers who were reported to be infected. As of January 24, 2020, WHO reported that human-to-human transmission was limited (on family contact) confirmed in most of Wuhan City, China and other countries.

This outbreak has been declared as a world-disturbing public health emergency (PHEIC) by the World Health Organization (WHO) on January 30, 2020. This statement is the sixth declaration made by WHO since the 2009 swine flu pandemic 2009. Xenophobia and racism against people of Chinese descent. and East Asia occurred as a result of the COVID-19 outbreak, with fear and hostility in several countries. Misunderstanding of information about the Corona virus that spread mainly through the internet led WHO to declare infodemic on February 2, 2020. Until now there have been more than 100 countries in the world that have reported COVID-19 laboratory confirmed.

Until now Indonesia is still struggling against the Corona virus, the same as other countries in the world. The number of cases of the Corona virus continues to grow with several reports of recovery, but not a few have died. Handling and prevention efforts continue to be made in order to fight COVID-19 with flu-like symptoms. The spread of Corona Virus Disease 2019 (COVID-19) has been evenly distributed in all provinces in Indonesia. The spread occurred in a relatively short time with a growing number of cases that spread across regions. Hingga on April 30, 2020, the number of confirmed cases was 9,771. The province with the highest number of cases was DKI Jakarta, which was then followed by West Java, East Java and Central Java.

Responding to increasing cases, President Joko Widodo stipulated Decree of the President of the Republic of Indonesia Number 11 Year 2020 Regarding Corona Virus Disease 2019 (COVID-19) Public Health Emergency with the aim of suppressing positive COVID-19 cases so that the pandemic ends immediately. To follow up the Decree of the President of the Republic of Indonesia Number 11 Year 2020 Regarding the Stipulation of Corona Virus Disease 2019 (COVID-19) Public Health The President also issued Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating Corona Virus Disease 2019 (Covid-19) to overcome the COVID-19 problem in Indonesia. Based on the description above, the author would like to conduct an analysis of the regional quarantine policy that has been carried out in several countries in order to overcome the COVID-19 pandemic.
METHOD

The method used in writing this article is to review the policy of Presidential Decree of the Republic of Indonesia Number 11 Year 2020 Regarding the Establishment of the Corona Virus Disease 2019 Public Health Emergency (COVID-19) with a prospective analysis. In addition to reviewing existing policies, the author also collects information from the media regarding regional quarantine policies that have been carried out in various countries to suppress and address the spread of COVID-19.

RESULT AND DISCUSSION

Presidential Decree of the Republic of Indonesia Number 11 Year 2020 Regarding the Establishment of the Corona Virus Disease 2019 (COVID-19) Public Health Emergency as stipulated by President Jokowi in Jakarta on March 31, 2020, this raises extraordinary matters in all aspects. Presidential Decree number 11 of 2020 concerning Determination of Corona Virus Disease 2019 (COVID-19) Public Health Emergency states that the number of deaths due to Coronavirus has increased and expanded across regions and between countries and has an impact on political, economic, social, cultural, security and security conditions and welfare of the Indonesian people.

In the first part of Presidential Decree number 11 of 2020 concerning Determination of Corona Virus Disease Public Health Public Health 2019 (COVID-19) it is stated that Corona Virus Disease (COVID-19) as a type of disease that causes a Public Health Emergency because COVID-19 is considered to have become a global pandemic assessed as a type of risky disease that causes health emergencies in the community. In seeking community protection, in the second part of Presidential Decree number 11 of 2020 Regarding the Establishment of Corona Virus Disease Public Health 2019 (COVID-19) it is stated that in Indonesia efforts must be taken to overcome them in accordance with statutory provisions. Law Number 6 of 2018 concerning Health Quarantine has set the status in which the government seeks protection for public health from this type of disease by organizing health quarantine by preventing the entry and entry of diseases that pose a risk to public health (Keputusan Presiden Republik Indonesia Nomor 11 Tahun 2020, 2020).

The impact of the spread of Corona Virus Disease 2019 (COVID-19) has caused certain circumstances to occur so that prevention efforts need to be made, one of them is by the action of Large-Scale Social Restrictions (PSBB). In a limited meeting on March 30, 2020, President Jokowi has decided to take the option of Large-Scale Social Restrictions in an effort to break the chain of transmission of COVID-19. In accordance with the law, this PSBB was determined by the Minister of Health in coordination with the Head of the Covid-19 Task Force and the Regional Head. Regulations related to the implementation of this PSBB have also been issued through Government Regulation (PP) No. 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating the Management of Corona Virus Disease 2019 (Covid-19), Policies that will be taken by the government in handling the impact of COVID-19 must be based on these regulations (Kementerian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi, 2020).

Previously, several countries affected by COVID-19 had also carried out geographical quarantine or often referred to as “Lockdown”. According to Lindsay Wiley, Professor of Public Health Law and Ethics from Washington College, the term lockdown that has often been used by the press is not a technical term that has a specific meaning. Lockdown in the perspective of public health as has been done by China and Italy is an effort to create a geographical quarantine, also known as Cordon Sanitaire. Cordon sanitaire means creating a barrier and trying to stop people from entering or leaving (from a certain area) with the exception of shipping goods or people to guard important needs. In essence, lockdown is a security policy package against a threat in this case the spread of COVID-19. This policy must be supplemented by security of social needs such as food supply, health, education and others, even if it is being isolated. Until the end of April 2020, more than 15 countries in the world have conducted lockdowns (Febrian, 2020).

China is the first country to do a lockdown that covers 20 provinces. The first city to be held in lockdown was Wuhan on January 23, 2020 where transportation access in and out of the city and all public places was closed. The community is also disciplined in quarantining themselves at their respective homes. Initially the community was still allowed to leave the house, but due to the surge in cases that were increasing, restrictions by the government were increasingly tightened. In some areas even to the limit of the number of family members who are allowed out to shop for daily needs. Whereas for others must shop via courier. Increasingly, policies in China are getting tougher. Health officials even go from house to house to do health checks. Within 2 months, Wuhan City looked like a dead city. But the lockdown strategy by China seems to bear fruit. China no longer reports new cases due to local transmission, but impro cases where the case came from people who traveled from outside China. The number of cases also dropped significantly, although the addition of new cases still remained. On April 25, 2020, the Chinese government officially revoked the lockdown status because the economy in China had also begun to rise. According to WHO, China's action in lockdown is considered very effective in preventing the spread
of COVID-19. This Lockdown was also followed by Italy, Denmark, Spain, France, the Philippines and many others (Citradi, 2020).

The second country to make a lockdown after China is Italy. The Italian government confirmed its first case on January 30, 2020 and imposed a national lockdown or quarantine in the country on March 9, 2020. The number of confirmed cases in Italy peaked on February 21, 2020. That number became the third highest number after the United States. The Italian government limits the movement of its people except for work and health needs. These restrictions include a ban on travel, a ban on public events, closure of commercial and retail businesses, suspension of teaching at schools and universities, as well as quarantine under supervision of infected people. The first lockdown phase in Italy ended on April 13, 2020, but the policy was extended by the Italian government to continue to reduce the spread of COVID-19. Starting on May 4, 2020, the Italian government began to open the lockdown in stages by continuing to prepare several regulations for the community. Italian society has been allowed to travel even if only in their own territory while still following the rules not to gather with many people. The decision of the Italian government to relax the lockdown so that the community’s economy can gradually recover. The case of death due to COVID-19 in Italy on May 3, 2020 became the smallest case of death since the introduction of the lockdown on March 9, 2020. Although it has been loosened, the government continues to appeal to the public about the possibility of local quarantine being applied if an increase in positive cases of COVID-19 (Silvestri, 2020).

The Pandemic COVID-19 reached Denmark in 27 February 2020 with the first confirmation case being declared. Denmark was the first country in Europe to implement a lockdown starting March 13, 2020. After a consistent increase in cases in Denmark, at the end of March 2020 the number of cases slowly began to decline. Lockdown easing begins on April 15, 2020 gradually. Previously Denmark imposed the closure of schools, day care centers, cafes, gyms and also closed all entrances for foreign tourists. In the first phase of easing, the government has begun to open schools and child care and the community has been allowed to carry out normal activities. But there are still limited activities such as associations involving more than 10 people (Wikipedia, 2020).

Spain became the fourth country with the most cases after the United States, China and Italy. The lockdown policy in this country took effect from April 12, 2020 and ended on April 23, 2020. The government strongly recommends that its citizens stay home and only leave during emergencies. The Spanish government also mobilized the power of the security and military sectors to stop the gathering in public places. The armed forces were also deployed to protect and provide shelter for the homeless. After the lockdown, the curve has begun to appear evenly. Nearly 90.00 COVID-19 cases have been discharged from the hospital, and the number of deaths and new cases has begun to decline. Currently the Spaniards have been allowed to work again but the Spanish Parliament is extending the Health emergency until 11 May 2020 (Perez, 2020).

The Philippines is the country in the Southeast Asia Region that is most stringent in implementing lockdowns. The Philippine president threatened to order law enforcement officials to shoot dead people who violated lockdown rules. In the case of confirmation, the Philippines is not as many as other countries such as the United States, Spain or Italy, but the United Nations expressed concern about securing lockdowns in the Philippines. More than 30,000 people have been arrested by police for violating the curfew and quarantine that took place. This is done because the population is large and lives in a dense environment like in Indonesia and India. The Philippine government closes all access for domestic flights and sea trips except for logistic transportation needs. A number of companies must also stop operations so that the handling of COVID-19 can run optimally. The President of the Philippines has also decided to extend the lockdown in Manila and 17 provinces in Pulai Luzon until May 15, 2020. This policy which restricted movement and meetings in the Philippines was adopted in response to the confirmation of the first domestic transmission (Favila, 2020).

However, there are some opinions that do not agree with the term Lockdown with regional quarantine. The term regional quarantine is a separate term in Law No. 6 of 2018, namely restrictions on the movement of people for the sake of health in the midst of society. According to Menko Polhukam, Mahfud MD, the term regional quarantine is more like social distancing or physical distancing currently in government policy. Lockdowns in other countries are carried out under strict supervision in all regions such as closing all shops, except food and pharmacy stores. In Indonesia, lockdown is not carried out because according to President Joko Widodo, each country has different character, culture and discipline (Dipna Videlia, 2020).

According to Article 1 paragraph (11) of Law Number 6 of 2018 concerning Health Quarantine, what is meant by Large-Scale Social Restrictions is the limitation of certain activities of residents in an area suspected of being infected with a disease and or contaminated in such a way as to prevent the possibility of spreading the disease or contamination. Large-scale social restrictions aim to prevent the spread of the spread of public health emergencies among people in a certain area (Kementerian Sekretariat Negara Republik Indonesia, 2018).

In Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Handling Corona ViRus Disease 2019 (Covid-19) it is stated that Large-scale Social Restrictions must be based on epidemiological considerations, threat magnitude, effectiveness, resource support, operational technical, political considerations, economic, social, cultural, defense and security. Large-scale social restrictions include at
least consolation of school places and workplaces, restrictions on religious activities and / or restrictions on activities in public places or public facilities. School and workplace entertainment has been implemented since mid-March 2020 before Government Regulation No. 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Handling Corona Virus Disease 2019 (Covid-19) was issued. This is intended so that the community reduces the intensity of meeting and gathering with many people so that the spread of COVID-19 can be minimized. Towards the month of Ramadan the government also appealed to the community to perform tarawih prayers at their respective homes (Kementerian Sekretariat Negara Republik Indonesia, 2020).

But the discipline of the Indonesian people is still lacking. After the appeal from the government to conduct social distancing or physical distancing, there were still many people who gathered so that the authorities must be put in order. As of April 28, 2020, several cities in Indonesia have implemented PSBB or quarantine areas such as Jakarta, Bogor, Depok, Bekasi, Surabaya, Sidoarjo and Gresik. In Law Number 6 of 2018 on Health Quarantine, it is explained in article 54 that the Health Quarantine Officer is obliged to provide an explanation to the community in the area before implementing the Regional Quarantine. The quarantined area is quarantined and maintained continuously by the Health Quarantine Officer and the Republic of Indonesia National Police that are outside the quarantine area. Quarantine community members may not enter and enter quarantine areas. During the Regional Quarantine period, it turns out that one or several of the members in the region were suffering from a Public Health Emergency that was happening, so an Isolation was taken and immediately referred to a hospital (Pratama, 2020).

The Minister of Health, Terawan Agus Putranto, released Minister of Health Regulation No. 9 of 2020 as a derivative regulation of Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions (PSBB) in the Framework of Accelerating Handling of Corona Virus Disease 2019 (COVID-19) on April 3 2020. In Article 1 the Permenkes defines the CBDR as limiting certain activities of the population in an area suspected of being infected with COVID-19 in such a way. Certain activities in question are dismissing schools and workplaces, restrictions on religious activities, activities in public places, socio-cultural activities, restrictions on modes of transportation, and other activities specifically related to defense and security aspects. According to the Secretary General of the Ministry of Health, Oscar Primadi, the PSBB was different from regional quarantine and lockdown. In regional quarantine, people are not allowed to go outside the house at all. Another difference, following the definition of Law Number 6 Year 2018 on Health Quarantine, the central government does not have the burden or obligation to meet the needs of the people in the PSBB area. While in quarantine areas, the basic needs of people and pet food in the quarantine area are the responsibility of the central government. This can make it difficult for middle-class and lower class people because not a few of them have difficulties to fulfill their daily needs in the pandemic COVID-19 like this (Setiawan, 2020).

In Permenkes No. 9 of 2020 concerning Large-Scale Social Restrictions (PSBB) in the framework of the Acceleration of Corona Virus Disease 2019 (COVID-19), the PSBB is carried out during the longest incubation period (14 days). If there is still evidence that the spread is in the form of new cases, the PSBB can be extended within 14 days of the discovery of the last case. Seeing the implementation of PSBB conducted in Jakarta since April 10, 2020 and entering the last day of the incubation period on March 24, 2020, the addition of COVID-19 positive patients in DKI Jakarta is still high so that the second incubation period will continue (Kemenkes, 2020).

According to epidemiology experts from the Faculty of Public Health, University of Indonesia, the PSBB conducted was not yet effective enough because there were no indicators of the success of PSBB. The measurement of this PSBB success indicator is intended to be a reference to the next phase of the PSBB. Indicators of success that need to be measured, for example the number of families that are compliant with not going out or staying at home during the PSBB period. This can be measured by the government at the RT-RW level. If 50% of residents are not compliant, then the PSBB fails to be implemented. The second indicator that can also be measured by the RT-RW apparatus is how many crowds in the neighborhood. Are there still crowds at food stalls, neighbors or children who are gathered. Another indicator is how many traditional market visitors use masks. Also whether public transportation is congested, and so on. But according to epidemiology experts from the Faculty of Public Health, University of Indonesia, the indicators of PSBB success are not necessarily followed by case indicators. Because the case indicator depends on the ability of detection through PCR examination. While the detection capacity is very low, there are still many undetectable cases in the community (Manafe, 2020).

Breaking the chain of transmission of Corona Virus Disease 2019 (COVID-19) cannot be done by the Government alone. All levels of society must participate in the prevention of COVID-19 in Indonesia. The community must have the awareness to obey the appeals from the government so that this pandemic soon passes. PHBS is a simple way to prevent COVID-19 from being infected, such as washing hands with soap and running water. This is the basic behavior in maintaining individual hygiene. In addition, the community as much as possible minimize direct contact or approach the crowd because it can accelerate the spread of COVID-19.
CONCLUSION

Decree of the President of the Republic of Indonesia Number 11 Year 2020 Regarding the Establishment of the 2019 Corona Virus Disease Public Health that President Jokowi has stipulated makes this extraordinary in all aspects. In the first part of Presidential Decree number 11 year 2020 Regarding the Establishment of Corona Virus Disease Public Health 2019 mentioned that Corona Virus Disease as a type of disease that causes a Public Health Emergency. Law Number 6 of 2018 concerning Health Quarantine has regulated the status in which the government seeks to protect public health from this type of disease by administering health quarantine by preventing the entry and entry of diseases that pose a risk to public health.

Previously, several countries affected by COVID-19 had also carried out geographical quarantine or often referred to as Lockdown. China is the first country to do a lockdown that covers 20 provinces. The first city to be held in lockdown was Wuhan on January 23, 2020 where transportation access in and out of the city and all public places was closed. Besides China, several countries such as Italy, Denmark, Spain and the Philippines also followed China's steps in overcoming COVID-19 by imposing a lockdown in the country. Of these countries, the Philippines has become the country with the most stringent lockdown implementation, so the un expressed concern about securing lockdown there.

However, there are some opinions that do not agree with the term Lockdown with regional quarantine. According to the Coordinating Minister for Politics and Security, the term regional quarantine is more like social distancing or physical distancing currently in government policy. In Indonesia, lockdown is not conducted because according to President Joko Widodo, each country has different character, culture and discipline. According to Article 1 paragraph of Law Number 6 of 2018 concerning Health Quarantine, what is meant by Large-Scale Social Restrictions is the limitation of certain activities of residents in an area suspected of being infected with disease and or contaminated in such a way as to prevent the possibility of spreading the disease or contamination. Large-scale social restrictions aim to prevent the widespread spread of the Community Health Emergency Disease that is occurring among people in a certain area.

After the appeal from the government to conduct social distancing or physical distancing, there were still many people who gathered so that the authorities must be put in order. As of April 28, 2020, several cities in Indonesia have implemented PSBB or quarantine areas such as Jakarta, Bogor, Depok, Bekasi, Surabaya, Sidoarjo and Gresik. If during the Regional Quarantine period, it turns out that one or several members in the region have suffered from a Public Health Emergency, an Isolation action is taken and is immediately referred to the hospital.

Article 1 of the Permenkes defines the PSBB as limiting certain activities of residents in an area suspected of being infected with COVID-19 in such a way. Certain activities in question are dismissing schools and workplaces, restrictions on religious activities, activities in public places, socio-cultural activities, restrictions on modes of transportation, and other activities specifically related to defense and security aspects. Another difference, following the definition of Law Number 6 Year 2018 on Health Quarantine, the central government does not have the burden or obligation to meet the needs of the people in the PSBB area.

While in quarantine areas, the basic needs of people and pet food in the quarantine area are the responsibility of the central government. This can be difficult for middle-class and lower class people because not a few of them have difficulty in fulfilling the necessities of life in the pandemic of COVID-19 like this. Seeing the implementation of PSBB conducted in Jakarta since April 10, 2020 and entering the last day of the incubation period on March 24, 2020, the addition of positive COVID-19 patients in DKI Jakarta is still high so that the second incubation period will continue.

According to epidemiology experts from the Faculty of Public Health, University of Indonesia, the PSBB conducted was not yet effective enough because there were no indicators of the success of PSBB. Indicators of success that need to be measured, for example the number of families that are compliant with not going out or staying at home during the PSBB period. The second indicator that can be measured by the RT-RW apparatus is how many people are in the neighborhood. Another indicator is how many traditional market visitors use masks. While the detection capacity is very low, there are still many undetectable cases in the community.

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