The Resilience of Health Law in Indonesia: Health Quarantine and Health Rights

Nabila Luthvita Rahma[1], Moh. Abdul Latif[2], Inna Fauziatal Ngazizah[3], Aristoni[4]

{nabilalr@iainkudus.ac.id[1], abdullathif@iainkudus.ac.id[2], innafauz11@gmail.com[3]}

Kudus Islamic Religious Institute[1234]

Abstract. Since March 2020, Indonesia has experienced the Covid-19 pandemic with a total number of positive cases of 1.71 million (May 11, 2021) with a mortality ratio of approximately 3 percent. This fact is a major blow to the Indonesian State because the State must work hard to provide health protection for all its people and maximize medical personnel and provide proper hospital facilities in dealing with a pandemic. The State's task becomes burdensome when the State must also prevent a new variant of the Covid-19 virus from entering Indonesia and prevent the transmission of Covid-19 in the community from the emergence of new clusters. This article will discuss the position of Indonesian health law, specifically on Health Quarantine today and in the future, to deal with a pandemic and how the health law is applied as a constitutional right of citizens using statutes approach comparative approach and conceptual approach.

Keywords: health resilience, healthy rights, health law projections, pandemic covid-19.

1 Introduction

Based on the fourth paragraph of the opening of the Constitution of the Republic of Indonesia in 1945, one of the objectives of the State of Indonesia is to protect the entire Nation of Indonesia and all Indonesian bloodshed and promote the general welfare. In this context, it means that the Indonesian Government is working on all means and efforts to provide and protect the entire community from achieving prosperity. The writing of the country's objectives indicates that the Government is committed to being able to achieve what's the state goal.

The conception of the state welfare law is actually a development of the state conception of material law, placing the State or Government not only as a guard of security or public order but has a responsibility to realize welfare. [1] Based on the conception, the provision of facilities to meet the basic social needs of the community becomes the responsibility of the State. One of the most needed basic needs is health.

For the first time, Corona Virus Disease 2019 (covid-19) entered Indonesia in March 2020. There are two Depok residents who are exposed, which is hereinafter referred to as patient 01 and Patient 02. A year after that, covid-19 is still homework for the Indonesian State because it has not been able to ward off virus covid-19 instead of restoring the condition as before. The presence of this pandemic brings a new atmosphere in many aspects. Not just on the health aspect alone. Many aspects are affected. Starting from social, education, economy, even lifestyle became shifted. On the one hand, the pandemic covid-19 brings people to be more advanced in terms of technology, but on the other hand, aspects of health, resilience are also tested on this.

In general, health resilience is defined as the ability of national resilience in the face of public health emergencies and/or non-natural disasters due to disease outbreaks, global pandemics, and nuclear, biological, and chemical emergencies that can have national and/or global impacts. The definition is implicitly contained in Presidential Instruction number 4 of 2019 (Inpres 4/2019). In the Inpres, the President ordered the relevant Ministries to set policies by going through a series of procedures in terms of improving health resilience. Article 3 letter (c) of the Health Quarantine Law states, "What is meant by national resilience in the field of public health is the ability to prevent and ward off central Government and local government together with the community in dealing with health problems and controlling public health risk factors, both from within and outside the country.

Health Resilience in Indonesia, contained in Presidential Decree No. 4 of 2019, is also contained in Law No. 6 of 2018 on Health Quarantine. The consideration point (a) in the Law states "that in the

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framework of the implementation of human development Indonesia is entirely necessary for the protection of health for all Indonesians scattered on various islands large and small located in a very strategic position and on the international trade route, which plays an important role in traffic people and goods;". Thatis, the Health Quarantine Law becomes the main entrance in terms of health resilience in Indonesia.

The condition of health resilience in Indonesia is properly tested by the emergence of the Covid-19 pandemic which is becoming a global outbreak. In this case, the condition of public health as well as the facilities and infrastructure in the field of health, including health workers and hospital facilities that are decent and qualified can be clearly described. For example, many hospitals are full due to the increasing number of Covid-19 patients and urge the Government to provide emergency hospitals.

Another problem arises when covid-19 is faced with the domino effect that arises. Economic stability is trying to soar, it is slowly collapsing. This is due to the declining purchasing power of the community due to no mobility or the impact of termination of employment in some companies. In this context, the Government seeks to reduce the positive number of Covid-19 by limiting the mobility of the community through psbb policy, to *Lock Down.* Not quite there, through his authority the Government also conducts guarding at several entrances' airports, terminals, to ports to keep the region from 'arrival 'covid-19 virus new variants.

As an integrated effort, the Right to Health owned by citizens, is a description of Article 28H paragraph (1) which reads "*Setiap orang berhak hidup sejahtera lahir dan batin, bertempat tinggal, dan mendapat lingkungan hidup yang baik dan sehat serta berhak memperoleh pelayanan kesehatan" (* "Everyone has the right to live a prosperous life born and inwardly, residing, and getting a good and healthy environment and entitled to health services.") The existence of the article is then confirmed by Article 34 paragraph (3) "The State is responsible for the provision of health care facilities and public service facilities that are proper". However, factually, Indonesian people still face many problems in obtaining health services. Although various policies have been determined various programs and health services, health care problems are still faced by the community both in urban and rural areas.[2]

This article will discuss about Health Resilience, especially in Law No. 8 of 2016 in terms of health quarantine during the Covid-19 pandemic, as well as national health resilience in the future by considering the current condition and the effects of technological advances. In addition, articles that use this statures approach, conceptual approach and comparative approach will analyze the extent to which a citizen's health rights are used as a constitutional right.

2 Methods

1. Study Object Selection

Reestablishing the national Health Law was a major object in this study. This study was analyzed based on health resilience, mainly on health quarantine, health rights as a constitutive right of citizens, and projections of health laws in the future by the focus of their respective studies. The selection of the object of the study has been adjusted to the topic of rebuilding the Law, economy, and health system after the covid-19 pandemic.

2. Data Research and Selection Approach

Using conceptual approaches, this research is supported using primary and secondary data. The primary data used include legislation related to the field of health, namely the Constitution of Republic Indonesia year 1945, SJSN Law (Law Number 40/2004), Health Law (Law Number 36/2009), BPJS Law (Law Number 24/2011), and Health Quarantine Law (Law Number 6.2018), as well as other rules contained in the Declaration of United Nation, and the Constitution of the World Health Organization. While the secondary data used include journals and research articles that are previously and related to this research topic, books, and other secondary sources are used as citations.

3. Data Research and Analysis Process

This research is literature so that the data that has been collected is analyzed interpretively and hermeneutics. Clarity of interpretation will serve as a reconstruction of the idea hidden behind the rule of Law. This teaching of interpretation uses hermeneutic methods [4], so that what is

produced in this study will be able to contribute to the development of the Law. The results of the study are presented descriptively to answer what is the problem and topic of this study.

3 Results and Discussion

3.1. National Health Resilience in Indonesia during the Covid-19 Pandemic

The spread of the covid-19 virus until June 5, 2021, recorded positive cases as many as 1,850,206 people. Such conditions indicate that coronavirus disease 2019 has not shown signs of a decreased graph. On the contrary, the chart that continues to climb indicates that the threat of pandemic covid-19 will not end anytime soon. Moreover, all regions in Indonesia affected by covid-19, and significantly impact on various aspects of life ranging from economic, social, health, to education.

Since it was first declared a Health Emergency through Presidential Decree 11 of 2020 on the Determination of Public Health Emergency Corona Virus Disease 2019 (COVID-19), as mandated in the Health Quarantine Law, the Government has been working in preventing and tackling the covid-19 virus. In accordance with the mandate contained in the Health Quarantine Law, the Government began to advocate discourse for Lockdown, Regional Quarantine, to PSBB (Large-Scale Social Restrictions). Meanwhile, through Government Rules or PP Number 21 of 2020, the Government decided to impose PSBB in the face of the uncontrolled spread of the covid-19 virus, until then in January 2021, the Minister of Home Affairs through the Instruction of the Minister of Home Affairs No. 1 of 2021 began to impose restrictions on community activities (PPKM) in several regions.

Basically, the Government's decision to impose PSBB, or PPKM is an instrument in enforcing health quarantine. Health quarantine is one way to improve national resilience in the field of public health, as written in Article 3 of the Health Quarantine Law. This can be interpreted that to improve health resilience, the Government can organize a health quarantine which aims to protect the public from diseases or factor public health risks.

Despite the Government's efforts in terms of improving health resilience in Indonesia, the effectiveness of health quarantine and all other integrated efforts need to be further criticized for improvement. Based on the results of health protocol compliance monitoring in 34 districts released by the Task Force on Handling Covid-19 in Indonesia in January 2021, the results showed that the compliance rat of wearing masks in as many as 88 districts/ cities or 17.74% with compliance 91-100%. While non-compliance below 60% in terms of wearing masks is in 99 districts/cities or 19.96%. This is not a good result considering that the use of masks has started since the beginning of the Covid-19 pandemic.

In addition to health protocol compliance, health resilience in Indonesia is also tested with the growing number of covid patients but not so with the number of beds available. The number of hospitals throughout Indonesia is 2,979 hospitals, and of these, 81,032 beds were prepared for COVID-19 patients for both isolation beds and ICU beds as of January 21, 2021. However, the number is still felt to be less than meet the needs given the transmission and spread of covid-19 has not been controlled. Therefore, the Ministry of Health has sent a Circular Letter number: HK 02.01/Menkes/11/2021 concerning The Increase of COVID-19 Patient Care Capacity at THE COVID-19 Service Provider Hospital in anticipation of a surge in COVID-19 patients. Fatigue in the provision of health facilities gave rise to local government initiatives in providing emergency hospitals covid-19 (RSDC). The provision of this emergency hospital is for patients with mild symptoms or for self-isolation. However, until June 5, 2021, the number of patients treated at RSDC Wisma Atlet Kemayoran reached 2,500 patients out of a total of 5,994 bed availability. The number is still possible to continue to grow given the State of pandemic covid-19 that has not improved.

Health Resilience in Indonesia during the Covid-19 pandemic was also tested when faced with limited numbers of health workers in Indonesia. Reported from the Ministry of Health, the number of health workers in Indonesia as many as 460. 267 nursing, 266. 467 obstetricians, and medical personnel doctors (general practitioners, dentists, specialists, and sub-specialists) as many as 123.691. The amount if calculated by the ratio of the population of Indonesia is still less. Based on data from the World Bank in 2010-2017, the number of doctors in Indonesia is the second lowest in Southeast Asia. The ratio is 0.4 per 1,000 inhabitants. That is,Indonesia has 4 doctors who serve 10,000 residents. As for nurses are also not much different. The same source said that the ratio of nurses to the population is 2.1 per 1,000. Thatis, there are 2 nurses to serve 1,000 inhabitants.

When referring to world health organization (WHO) standards, the ideal ratio between doctors and the population is 1:1,000 which means that every 1 doctor serves 1,000 inhabitants. However, according to data from the Ministry of Health, the ideal ratio is only found in major cities in Indonesia. For example,

in Jakarta, the ratio between doctors and the population is 1:1.765, and DIY with a ratio of 1:1.301. As for the amount is in a normal situation, and not in times of emergency or pandemic as it is now.

If the pandemic covid-19 is not over, the number is feared to decrease. Based on data from the Indonesian Doctors Association (IDI) on January 27, 2021, there were 647 health workers who died from the covid-19 pandemic. The number includes 289 doctors, 27 dentists, 221 nurses, 64 midwives, 11 pharmacists, and 15 medical laboratory personnel. The number is the highest in Asia and is included in the world's top three countries with the highest number of health worker deaths due to covid-19. With the large death rate, the deficit of health workers during the pandemic covid-19 increasingly inevitable.

Based on the picture above, the resilience of national Health in Indonesia during the pandemic still needs to improve fundamental improvements so that the goals of health quarantine can be achieved. It isa good cooperation between the community and the Government to understand each other and to be on the same track to prevent the spread of the covid-19 virus. Not only in terms of community compliance in terms of health protocol only, but the readiness of facilities and infrastructure must also be considered. Considering the availability of adequate health facilities is the basic capital in terms of health resilience.

3.2. Health Rights as a Constitutional Right of Citizens

Public Health is a pillar of the development of a nation. Health is one of the basic human needs. So important, so it is often said that health is everything, without health everything is meaningless [5]. Such thinking is at least the basis that health is one of the important elements that must be fulfilled properly for the sake of the sustainability of a country. Because, if this health is not met then it will be difficult to be able to continue in the direction of national development.

At first health was something related to personal interests and gifts from God, but today the fulfillment of health becomes the responsibility of the State and is a legal right. Among health experts in Indonesia, it has developed the thought of including health as part of "human rights", as well as obtaining constitutional guarantees.[5] This is reinforced by article 28H paragraph (1)of the Constitution of Republic Indonesia year 1945 which reads that "*Setiap orang berhak hidup sejahtera lahir dan batin, bertempat tinggal, dan mendapat lingkungan hidup yang baik dan sehat serta berhak memperoleh pelayanan kesehatan* " ("Everyone has the right to live a prosperous life born and inwardly, residing, and getting a good and healthy environment and entitled to health services."). The presence of this article is the answer to the discourse related to health as a personal right or responsibility of the State.

Long before that the United Nations through the Universal Declaration of Human Rights of 1948 Article 25 stated "Everyone is entitled to a standard of living that guarantees health and well-being for himself and his family, including food, clothing, housing and health care...". Not much different, the Constitution of the World Health Organization in 1948 "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being", which when translated to " *memperoleh derajat kesehatan yang setinggitingginya adalah suatu hak asasi bagi setiap orang*".

The declaration of health as a human right is clearly stated in the considerant of Law No. 36 of 2009 on Health. The point (a) considerran mentions "health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the Constitution of the Republic of Indonesia year 1945". Meanwhile, in Article 1 paragraph (1) Health is defined as a state of health, both physically, mentally, spiritually, and socially that allows everyone to live productively socially and economically. Health Rights are affirmed through Article 4 in the same Law which states that everyone is entitled to health.

According to the substance that exists after Article 28H paragraph (1) of the Constitution of Republic Indonesia year 1945, as well as its derivative rules contained in the Health Law, explicitly describes that the right of health is a constitutional right that means it must be provided by the State to its citizens to meet and guarantee the element of health. Moreover, on the consideration of the Health Law reaffirmed that health must be realized in accordance with the ideals of the nation. This further reinforces that Indonesia places Health as a matter that gives obligations to the country.

The description of the fulfillment of healthy rights is mentioned in Article 14 paragraph (1) of the Health Law which states that "The Government is responsible for planning, organizing, organizing, fostering,and supervising the implementation of health efforts that are evenly distributed and affordable by thepublic". Continued in Article 15 of the Health Law states that "The Government is responsible for the availability of the environment, tantanan, health facilities both physical and social for the community to achieve the highest level of health".

State efforts in understanding healthy rights can be seen in the issuance of Law No. 40 of 2004 on the National Social Security System (abbreviated by the SJSN Law) and the Law on Social

Security Organizing Bodies (BPJS Law). The health insurance developed by the Government is based on the SJSN Law and the BPJS Law. The SJSN Law explained that the responsibility of the State in fulfilling citizens' access to health is to issue policies or health insurance programs that are fair and reachable to all citizens. The Government is obliged to formulate and implement insurance system policies for fair citizens, including health insurance for citizens. The implementation of the SJSN Law and the *BPJS* Law include the *BPJS* Health Card, or today it is changed to a Kartu Indonesia Sehat (KIS). However, the problem of health care is still faced by certain areas, especially in remote, disadvantaged and poorest areas. especially concerning the availability and equalization of health care provider.[2]

The right to health has a wider scope, it not only concerns the right to individuals *an sich,* but includes all factors that contribute to a healthy life (healthy*self)* to individuals, such as environmental issues, nutrition, housing and other.[6] Related to this and the right to health,initially only related to health care (medical care), but then developed covering various aspects of individual and public health and the enviroment.[5]

However, recognizing the right to health does not mean that people have the right to be healthy. Anyone is incapable of guaranteeing a particular health condition, both the Government and the community.[7] The cause of this is that the health factor itself is more influenced by environmental factors, behavior and geneticorhereditary factorsy. This factor causes the fulfillment of healthy rights to be difficult to fulfill.

3.3. National Health Law Projections

In the past decade, Indonesia has introduced several reforms affecting various aspects of system.[8] Healthcare is fundamentally influenced by multisectoral reform of Government as well as the field of public administration. Major multisectoral reform includes the delegation of authority for certain Government functions from central to local Government, as well as responsibilities in terms of the management and provision of public health services and the progressive introduction of greater autonomy in the management of public service organizations, which include hospitals.

Reforms in the field of health cannot be released from the health sector, including efforts in improving the quality of health professional education or medical education. Currently there are complaints about the quality of Indonesian doctors' education, the problem of its spread, and the cost of.[9] In article 1 of Law No. 20 of 2013 on Medical Education, it is stated that Medical Education is a conscious and planned effort in formal education consisting of academic education and professional education at the higher education level whose study programs are accredited to produce graduates who have competence in the field of medicine or dentistry. While in article 4 of the same Law it is written that medical education to produce doctors and dentists who are virtuous, dignified, qualified, competent, cultured help, ethical, highly dedicated, professional, oriented to patient safety, responsible, moral, humanistic, by the needs of society , able to adapt to the social environment, and high social spirit. The development of science and technology of the dictatorship and the demands of the public and other stakeholders on doctors encourage the parties responsible for the implementation of medical education to think about reforms in medical education.[10] In this case, medical education must be able to innovate in order to be able to face local, global, and disease spread problems in the future.

An important lesson still being learned is how to manage an integrated national health system in a decentralized environment. As it is known, Indonesia has implemented regional autonomy since 1999 where the local Government has its own authority in regulating regional affairs that serve its authority, including in terms of health. In Article 5 of the Law of the Republic of Indonesia Number 40 of 2004 concerning the National Social Security System (SJSN) only regulates health in the center. In a sense, the Act does not provide space and does not regulate the Regional Social Security Institution (J*AMSOSDA*) to create a Social Security Organizing Body in the Region even though there is no prohibition. So explicitly this Law does not fit with the Spirit of Regional Autonomy, so if formulated it is necessary breakthrough for existing institutions di level center.[11] When further reviewed there is legal uncertainty regarding the regulation of authority between the center and region in terms of Health. So that the renewal of the Law in the field of Health is necessary to align the vision in this case to ensure legal certainty in the era of regional autonomy. In addition, the popularity of local insurance schemes (*Jamkesda*) is one example of local initiatives. Furthermore, various other local innovations have emerged and socialized nationally, such as the *Desa Siaga* program. *Desa Siaga* is a program with expectations and goals to achieve a condition of village-level people who can find existing problems, then plan and solve them

according to their potential and always be ready in the face of health problems and emergencies.[12] The goal of the standby village is to realize a healthy village that is independent. The emergence of standby villages is a local level innovation (area) that is expected to initiate other areas to bring out the same spirit. Reforms in the field of health not only await direction from the center or top-down but can also be bottom-up such as the initiation of the birth of the *Desa Siaga* Program.

Another thing that needs to be considered in building a national health system in the future is the issue of health financing. Planning and setting adequate health care financing will help the Government in a country to be able to mobilize health financing sources, allocate it rationally and use it efficiently and effectively. Health financing policies that prioritize equality and favor the poor (equitable and pro poor health policy) will encourage universal access. On a broader aspect it is believed that health financing has contributed to social and economic.[13] Given the complexity of health challenges in Indonesia, health financing reform is not a panacea for its health system. [8] For that it is time to develop national health insurance with managed care as a form of operation. With the wider insurance coverage, it is necessary to provide a wider network of services (Hospitals).[13]

Potential future reforms are likely in the use of telemedicine to address geographical coverage issues. [8] According to The American TelemedicineAssociation, telemedicine can be interpreted as the use of medical information exchanged from one place to another through electronic communication to improve the clinical status of patient.[14] In general, telemedicine or telemedicine is a health service that facilitates patients in reaching health services. With telemedicine services, patients can consult with a doctor online without meeting face-to-face (teleconsultation). In its implementation, telemedicine services are performed in real time or require the presence of both parties at the same time. In addition, telemedicine services are also in the form of store and forward,which includes the collection of medical data from patients to be given to relevant health workers to be used as evaluation materials and supporting diagnosis. The use of telemedicine generally uses a computer or mobile phone. Telemedicine can be a more innovative solution in addressing the problem of uneven distribution of health workers, as well as the problem of limited number of health workers in Indonesia. Although this technology relies heavily on the power of the network, the presence of telemedicine will become more common and commonly used in the future.

As reported in the Journal of Telemedice and Telecare, examples of telemedicine use in February 2009 in Seoul, Korea. The study used the celluler telemedicine systemto transmit video and audio simultaneously, and was designed to consult acute stroke patients remotely. The results showed that the cellular telemedicine system, capable of simultaneous transmission of video and audio, was designed to consult with acute stroke patients remotely. Using wireless LAN or mobile phone network, telemedicine systems can be operated anywhere inside or outside the hospital. The combination of popular media streaming technology with multi-profile bit assignment schemes successfully overcomes the heterogeneous upheaval of mobile phone networks. Therefore, this system can be used with various mobile phones, including Portable Digital Assistant (PDA) and smartphones.[15]

In addition to health reform, in the future with the concept of society 5.0, innovations in health related to technology will increasingly become a necessity and necessity. Society 5.0 is a society that can solve various social challenges and problems by utilizing various innovations born in the era of industrial Revolution 4.0 such as The Internet on Things (internet for everything), Artificial Intelligence (artificial intelligence), Big Data (large amounts of data), and robots to improve the quality of human life. Society 5.0 is an industrial revolution formulated by Japanese Prime Minister Shinzo Abe in March 2017 at the CeBIT exhibition in Hannover, Germany to address all the problems in Japan and was only inaugurated on January 21, 2019. The digital transformation era is a change in handling a job by using information technology to obtain efficiency and effectiveness. Some areas that have done this transformation such as education with e-learning, business with e-business, banking with e-banking, Government with e-government and many others, the point is to improve the efficiency and effectiveness of work and supporting files using the database. [16] The use of technology is a tool to facilitate personal and business life and must be able to facilitate life among people.[17]

In the digital age, more advanced technology will replace something technological as well. [18] Concerning the field of health, in line with the concept of society 5.0 and the era of digital transformation, the Government can use the momentum to fulfill the health rights of its citizens as a form of commitment to achieve the country's goals. Moreover, utilizing technology using artificial intelligence will help health care providers and health workers themselves. As reported in the official website of Diponegoro University in June 2020, Diponegoro University (Undip) Semarang, Indonesia created a robot to assist medical personnel in treating COVID 19 patients.

In future projections, the Health law calls for many reforms to go in a better direction to achieve the state goals outlined in the opening of the NRI Constitution of 1945. Improvement starts from the administrative system between the center and the region, harmonized legal or regulatory products in the field of Health, and commitment to fulfill health rights supported by adequate funding or budget and the appropriate system. The reform outside the field of Health itself can be started with innovative legal profession education and able to answer local, and global challenges, and make the best use of technology to be able to help the fulfillment of health rights, especially in order to be better prepared to face health threats in the future that are difficult to predict.

The outbreak of covid-19 today can be a lesson for the Indonesian State of readiness to face diseases or outbreaks and health resilience. Such readiness can be seen from the facilities and infrastructure owned, competent human resources, to related harmonized regulations and do not overlap. Meanwhile, the implementation of health rights as part of human rights should be pursued to the maximum by providing the rights derived from health rights.

4 Conclusion

Health Resilience in Indonesia in the face of pandemic covid-19 has not been tested well. This can be seen from positive cases that there is no sign yet to decrease. This factor is due both from the side of society that has not 100% met the health protocol and in terms of limited hospital services and the number of health workers who are inadequate in dealing with Covid-19 patients that are growing.

The fulfillment of health rights as a constitutional right of citizens in this study has not been fully fulfilled. Considering the challenges of health fulfillment is a complex thing. Health Fulfillment and Health services, meaning the fulfillment of nutritious nutrition, clean environment, fresh air, clean sanitation, and even access to all areas.

Projections of Health laws in the future, required reforms that focus on aspects of Health. Namely, including medical education and other health workers, unity of vision and understanding between the central Government and local governments in terms of fulfillment of health rights, proportional health breeding, and the use of technology that is easier and accessible to anyone.

Given the complexity of health challenges in Indonesia,it takes an integrated effort between the central Government, and local governments up to the village level to jointly realize a guaranteed and equitable health law. It takes an understanding of the vision of the State Health of the Republic of Indonesia as stated in the Indonesian Constitution from various sectors, ranging from finance, human resource development, and education.

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References

[1] E. ELVIANDRI, "Quo Vadis Negara Kesejahteraan: Meneguhkan Ideologi Welfare State Negara Hukum Kesejahteraan Indonesia," *Mimb. Huk. - Fak. Huk. Univ. Gadjah Mada*, vol. 31, no. 2, p. 252, 2019, doi: 10.22146/jmh.32986.

[2] H. Affandi, "Implementasi Hak atas Kesehatan Menurut Undang-Undang Dasar 1945: antara Pengaturan dan Realisasi Tanggung Jawab Negara," *J. Huk. Positum*, vol. 4, no. 1, p. 36, 2019, doi: 10.35706/positum.v4i1.3006.

[3] H. Affandi, "MERUNUT KONSTITUSIONALISME HAK ATAS PELAYANAN KESEHATAN SEBAGAI HAK ASASI MANUSIA," *ejournal.up45.ac.id*.

[4] P. M. Marzuki, *Penelitian Hukum Edisi Revisi*, 7th ed. Jakarta: Prenadamedia Group, 2005.

[5] I. Perwira, "Memahami Kesehatan Sebagai Hak Asasi Manusia," *Pus. dokumentasi ELSAM*, pp. 1–19, 2001.

[6] F. S. Isriawaty, "Tanggung Jawab Negara Dalam Pemenuhan Hak Atas Kesehatan Masyarakat Berdasarkan Undang Undang Dasar Negara Republik Indonesia," *J. Ilmu Huk. Leg. Opin.*, vol. 3, pp. 1–10, 2015.

[7] R. Hidayat, "Hak Atas Derajat Pelayanan Kesehatan Yang Optimal," *Syariah J. Huk. dan Pemikir.*, vol. 16, no. 2, p. 127, 2017, doi: 10.18592/sy.v16i2.1035.

[8] M. T. Mahendrabratha Y, Trisnantoro L, Listyadewi S, Soewondo P, *The Republic of Indonesia Health System Review, Health System in Transition*, vol. 7, no. 1. WHO Regional Office for South-East Asia, 2017.

[9] L. Trisnantoro, “Rancangan Undang-Undang Pendidikan Kedokteran : Perlukah?,” *J. Manaj. Pelayanan Kesehat.*, vol. 14, no. 01, pp. 2010–2011, 2011.

[10] T. N. Kristina, “Inovasi Pendidikan Dokter : Pencapaian Lulusan dengan Standar Internasional dan Adaptif terhadap Permasalahan Kesehatan Global.” Universitas Diponegoro, Semarang, 2011.

[11] S. Afiyah, “Kewenangan Pemerintah Daerah Di Bidang Kesehatan Di Era Otonomi Daerah,” Malang, Feb. 2016.

[12] N. S. Laksana, “Bentuk-Bentuk Partisipasi Masyarakat Desa dalam Program Desa Siaga Di Desa Bandung Kecamatan Playen Kabupaten Gunung Kidul Provinsi Daerah Istimewa Yogyakarta,” *Kebijak. dan Manaj. Publik*, vol. 1, no. 1, pp. 56–67, 2013.

[13] F. E. B. Setyawan, “Sistem Pembiayaan Kesehatan (Health Financing System),” *Saintika Med. J. Ilmu Kesehat. dan Kedokt. Kel.*, vol. 11, no. 2, pp. 57–70, 2015.

[14] M. B. Laili, “Analisis implementasi sistem telemedika dan e-health di indonesia serta prospek kedepannya,” Jember, 2016.

[15] D. K. Kim *et al.*, "A mobile telemedicine system for remote consultation in cases of acute stroke," *J. Telemed. Telecare*, vol. 15, no. 2, pp. 102–107, 2009, doi: 10.1258/jtt.2008.080713.

[16] M. Danuri, "Development and Transformation of Digital Technology," *Infokam*, vol. XV, no. II, pp. 116–123, 2019.

[17] A. R. N. ’Abdu Faulinda Ely Nastiti, “Kesiapan Pendidika Indonesia Menghadapi Era Society 5.0,” *J. Kaji. Teknol. Pendidik.*, vol. 5, pp. 61–66, 2020.

[18] W. D. Putro, “DISRUPSI DAN MASA DEPAN PROFESI HUKUM,” *Mimb. Huk. - Fak. Huk. Univ. Gadjah Mada*, vol. 32, no. 1, pp. 19–29, 2020.