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GOVERNMENT POLICY ON COVID-19: PERSPECTIVE OF CERTAIN PROFESSIONS IN INDONESIA

Dyah Indraswati[1], Uwi Martayadi[2], Sovia Rahmaniah[3], Mohammad Archi Maulyda[4], Prihma Sinta Utami[5]

[1,4]Corresponding Author, Primary Teacher Education Study Program, Universitas Mataram
[2]Tourist Study Program, Mataram Tourism High School
[3]English Education Department, Universitas Islam Negeri Antasari Banjarmasin
[4]Civic Education, Universitas Muhammadiyah Ponorogo

ABSTRACT

On December 2019, Wuhan, the capital city of Hubei, China, became the center of a pneumonia outbreak that indicated the discovery of a new type of Coronavirus named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) which caused Covid-19. The type of this research was descriptive qualitative. Data collection procedures were done by literature study, interviews, and documentation. The subject of the study was 16 people with different professions. Some professions which came in contact with Covid-19 and the policies include healthcare professionals, online transportation drivers, sellers, teachers/lecturers, and journalists. To analyze the data, the researcher used data reduction, data presentation, and drawing conclusions. This study aimed to examine government policy and observe the perspectives of Indonesian people from different professions about the Covid-19 virus outbreak and its impact on socio-economic life. The results of the study showed that Indonesian government's policies were appropriate in overcoming the Covid-19 virus outbreak even though the benefits were not evenly distributed for the entire community.

Keywords: Covid-19; Impact; Policy.

INTRODUCTION

On December 2019, Wuhan, the capital city of Hubei, China, became the center of an unknown pneumonia outbreak. An extraordinary incident in Wuhan was indicated as the existence of a new type of novel Coronavirus named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) which caused Coronavirus Disease-2019 (Covid-19). (Zhou et al., 2020). It was believed that this virus was transmitted to humans through contaminated live animals (bats). The focal nature of the epidemic disease was in Huanan seafood market. (Peeri et al., 2020). Pneumonia was caused by very contagious Covid-19, even WHO declared a Public Health Emergency of International Concern. (Chen et al., 2020). By March 11th, 2020, the spread of SARS-CoV-2 also called respiratory syndrome, had infected 115 countries, with 119,239 cases and 4287 deaths. Governments from various countries prepare health systems in a short time to reduce the risk of death from the virus transmission. Patients infected with Sars-CoV-2 pneumonia needed intensive care, and the problem would be even greater if the transmission could not be controlled. Although China had tried to control, but the spread of this virus throughout the world could not be avoided. It was because of difficult control of human mobility. Based on the data obtained from the Nytimes.com, until April 16th, 2020 the number of cases reached 2 million, and the number of confirmed deaths was 131,336 worldwide. This number showed an increasing trend in an undetermined time. In Italy, the percentage of confirmed Covid-19 patients was consistent between 9-11%. If the infected patients reached 30,000 people, the intensive care unit would be at maximum capacity. More than four thousands hospital beds would be needed especifically for Covid-19 patients. (Remuzzi & Remuzzi, 2020). An exponential growth of people tested for Covid-19 and the death rate pushed Italian government to have lockdown on March 8th, 2020. (Fanelli & Piazza, 2020).

Human transmission of Covid-19 virus outbreak was caused by direct interaction between individuals. Covid-19 was transmitted through saliva or mucus when coughing or sneezing (droplets), and aerosols. (Yu et al., 2020). The Government of China implemented a physical distancing policy, which urged the public to avoid crowded places, closed tourist attractions, closed schools and offices for a certain period of time. Physical distancing helped to control the outbreak and provide the provision of health systems such as the expansion of large capacities hospitals and rapid testing and diagnostic processes. (Prem et al., 2020). These steps were also supported by the scientists' efforts to find vaccines. Chloroquine phosphate, and drugs commonly used for malaria were effective and clinically tested to treat pneumonia caused by Covid-19. (Gao, Tian, & Yang, 2020).

Covid-19, which had been spread to 177 countries, made each country create a variety of policies. The British government also announced to all its citizens to make social distancing, contact limitation to many people. It involved all

people who were healthy, experienced Covid-19 symptoms, had a history of severe illness, were pregnant, and were over 70 years, must quarantine independently for 14 days. The number of tested people would be increased especially for people who had a contact to Covid-19 patients. (Mahase, 2020). Some countries had also banned travel to and from abroad for reducing the entry of the virus into their territories. In addition, many countries checked tourists using infrared thermometers at the airports and state borders. Although, it was then discovered that SARS-CoV-2 could be transmitted by infected people without showing symptoms. (Lancet & Diseases, 2020).

In Uganda, health care workers did effective triage for patients. It was because of the limited number of medical personnels and medical facilities. Patients who had light symptoms such as fever and cough would be asked to isolate before getting intensive care in the hospitals. The doctor would choose patients who were prioritized to undergo intensive care. (Ayebare, Flick, Okware, Bodo, & Lamorde, 2020). Covid-19 patients who had congenital disease (comorbidity) must be prioritized. In a variety of literature, Covid-19 was identified by symptoms like fever, fatigue, dry cough, and lymphopenia. People who had congenital diseases such as heart, liver, kidney, and malignant tumors could get worse if infected with Covid-19. Covid-19 did not only cause pneumonia, but also damage to other organs such as the heart, liver, kidneys, and immune system. For this reason, doctors must pay attention to the potential multi-organ injury in the treatment of Covid-19. (Wang et al., 2020).

In line with other countries, the Government of Indonesia also adopted a policy to reduce the virus spread by suggesting people to do physical distancing, clean living, hand washing, ethics when coughing and sneezing, mask application, and home quarantine. Major events began to be postponed or even canceled. Schools, malls, offices, museums, tourist attractions, and universities were temporarily closed. It certainly brought economics and social impacts for Indonesian. Social and physical distancing made many companies lost their income so that it had an impact on the number of employment termination. People who depended on daily income complained because of the potential for poverty and starvation.

This study analyzed government policy and identified the perspectives of Indonesian people from different professions about the Covid-19 virus outbreak and its impact on socio-economic life.. Some professions which came in contact with Covid-19 and the policies include health workers, online transportation drivers, sellers, teachers/ lecturers, and journalists. The significance of this research for readers was to learn about Covid-19 and see various viewpoints of the community. For policy makers, this research was useful to provide an overview to find more effective solutions. This study was also useful as a reference for further research on Covid-19.

METHODS

This research was a descriptive qualitative research. The subject of the study was 16 people with different professions. The professions included a midwife, two doctors, a pharmacist, two physiotherapists, four online transportation drivers, two academics, three journalists, and a seller. The method of data collections were literature study, interviews, and documentation. The data included causes, symptoms, and impacts of Covid-19, Indonesian government policies, and respondents' perspectives and solutions on Covid-19. To analyze the data, the researcher used data reduction, data presentation, and drawing conclusions.

RESULT AND DISCUSSION

Coronavirus Disease (Covid-19)

Coronavirus is a group of viruses that can infect animals and humans. Some types of coronaviruses cause respiratory infections such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Coronavirus Disease-2019 (Covid-19) is caused by a new type of Coronavirus named Severe Acute Respiratory Coronavirus 2 (SARS-CoV-2) syndrome. This disease is contagious. (Hui et al., 2020). Coronavirus is usually found in animals. SARS-CoV is associated with ferrets, while MERS-CoV is transmitted by camels. The Covid-19 carrier in the form of animals had not been confirmed but many believe this virus originated from bats.

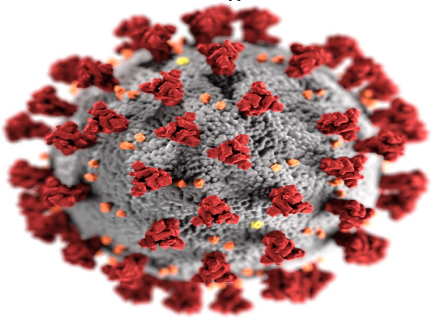

Figure 1. Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2)
Source: https://phil.cdc.gov/Details.aspx?pid=23312

Figure one is the picture of Covid-19 (Sars-CoV-2) virus. Corona virus is zoonosis (transmitted between a human and an animal).

The lung is the most vulnerable organ to Covid-19. This virus accesses host cells through the ACE2 (Angiotensin-converting enzyme 2), which is the most numerous alveolar type II cells. This virus uses a special surface glycoprotein, called a “spike”, to connect to ACE2 and enter the host cell (Letko, Marzi, & Munster, 2020). The density of ACE2 in each tissue correlates to the severity of the disease in the tissue. By the development of alveolar, respiratory failure can occur as a cause of death. (Xu et al., 2020).

The incubation period for Covid-19 virus is from one to fourteen days, and it occurs on the third day to the seventh day. The symptoms for a person who is confirmed Covid-19 include fever, fatigue, and dry cough. Some patients experience pain, nasal congestion, runny nose, sore throat, and diarrhea. These symptoms appear gradually. Some people infected by Covid-19 do not show any symptom and still seem healthy. Most infected people can recover without special care. About 1 in 6 people infected with Covid-19 suffers from breathing difficulty and severe pain. Elderly people and people who have previous illnesses such as kidney, high blood pressure, heart disease, and diabetes can experience more serious illness. (Chan et al., 2020).

Covid-19 virus can be transmitted from human to human through droplets (water splash from nose or mouth) when an infected person coughs or sneezes. The sparks may fall on objects or surfaces. People who touch the object may accidentally touch their eyes, nose or mouth, and then can be infected by Covid-19 virus. Novel Coronavirus can last on the surface for several hours to several days. The length of time a novel coronavirus remains on the surface is affected by the type of the surface, temperature and humidity in the environment. Covid-19 virus infection can also occur if people inhale a spark from a cough or a breath from an infected person. Therefore, it is important to maintain a distance for approximately two meters away from a sick person

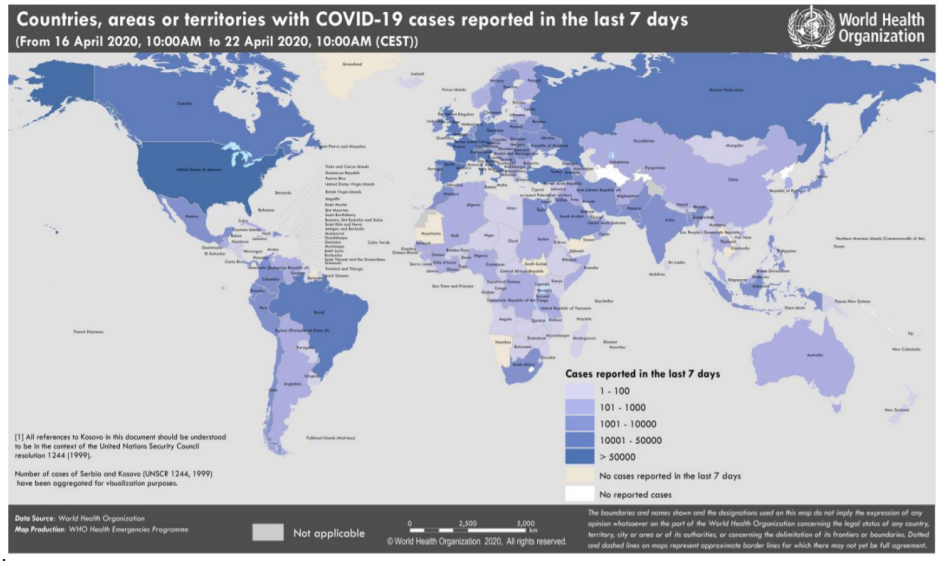

Figure 2. Covid-19 Contaminated Countries until April 22nd , 2020
Source: Covid19.who.Intl

Figure 2 shows the spread of Covid-19 virus to more than 177 countries. Based on the data from WHO, until April 23rd, 2020, the number of confirmed cases was 2,549,632 cases with deaths of 175,825 people worldwide.

Indonesian Government Policy

Indonesia is one of the infected countries. The virus was first detected on March 2nd, 2020 in two Covid-19 virus infected patients. The increasing number of cases was quite significant and stable with an average of 100 cases per day. By March 25th, 2020, Indonesia had reported 790 cases from 24 provinces: Bali, Banten, DIY, DKI Jakarta, Jambi, West Java, Central Java, East Java, South Kalimantan, West Kalimantan, East Kalimantan, Central Kalimantan, West Nusa Tenggara, Riau Islands, North Sumatra. Various sources predicted that the number of Covid-19 cases in Indonesia could reach ten or even hundred thousands. The capability, speed, and effectiveness of Indonesian government were considered as responsible respond to the high number of Covid-19 cases.

Derived from New England Complex System Institute, the term zone was used to identify and respond to the outbreak for its effectiveness. In controlling the spread of Covid-19, there were some terms of zone used in Indonesia.

1. Green Zone
   This is an area without any confirmed case. The local government in this zone must increase public awareness to wash hands, keep a distance, and use a mask as prevention to virus transmission. In addition, the government should conduct tests at the border for individuals who are from yellow or red zone, also enforce fourteen days of quarantine for the individuals.
2. Yellow Zone
   This is an area with few cases of local transmission, but without any group transmission. The efforts are as same as the green zone, plus contact tracing, testing and self-isolation. The government should urge the residents to avoid meetings involved many people, and provide maximum protection for medical personnel.
3. Orange Zone
   This is an area near red zone or small group community. The efforts are made as same as in the yellow zone, plus giving disinfection on public places, giving test to people who have symptoms, giving personal protection like washing hands, wearing masks, and increasing test capacity and speed.
4. Red Zone
   This is an area where local transmission has occurred. The efforts are made as same as the orange zone, also closing places that involve crowds such as schools, malls, tourist attractions, and others, giving travel limits, quarantine, and separating medical facilities for cases of Covid-19 infections with other cases.

Some terms related to Covid-19 virus outbreak:

1. Person under Surveillance (ODP)
   The status of Person under Surveillance (ODP in Indonesian) is given to a person who has a fever (≥ 38°C) or he has a history of fever or ARI (Acute Respiratory Infection) without pneumonia. In addition, the person also has a travelling history to an infected country in the last 14 days before symptoms appeared. People going from areas with red zone status are also included under surveillance status. For those who are under surveillance status, they must carry out isolation by staying at home for 14 days (self-quarantine)
2. Patient under Observation (PDP)
   - A person who has travelling history to an infected country in the last 14 days before the symptoms appeared, and a person who has these symptoms: fever (>38°C); cough, flu, and sore throat, light to heavy pneumonia; also a patient with low immunity. People who have under observation status must have 14 days quarantine in a hospital.
   - A person who has a fever more than 38°C or he has a history of fever or ARI (light or heavy) in the last ١٤ days before symptoms appeared. Also if he: has contact with confirmed Covid١٩- patient, works or visits medical facilities related to a confirmed Covid١٩- patient, has travelling history to Hubei Province, has a contact history with a person who has travelling history in the last ١٤ days to Hubei Province. (Indonesian Ministry of Home Affairs, 2020).
3. Suspected Patient
   A person under observation who has contacted a confirmed Covid-19 patient will be included as suspected patient. A Suspect refers to a person who shows symptoms of Covid-19 and is strongly suspected of having made contact with a confirmed Covid-19 patient. A patient in the suspect category will be examined by two methods namely, polymerase chain reaction (PCR) and Genome Sequencing to confirm whether he is positive or negative of Covid-19.
4. Person without Symptoms (OTG)
   An OTG is an individual who is infected with a virus but shows no symptom of the corona virus. The sign of being infected with Covid-19 without symptoms is the disappearance of the ability to smell which shows that the virus has been in the nose. (Indozone.id)

According to Kompas.com, Indonesia chose a rapid diagnostic test to find out and map the distribution of Covid-19. The government had prepared 125,000 test kits distributed throughout Indonesia and continually added. Rapid diagnostic test is a rapid test method to track the infections so the patients can quickly in the quarantine period with provided medical facilities. Two types of rapid diagnostic tests are antigen and antibody. Rapid antigen test is used to detect the presence of a foreign object in the body. Samples are usually taken from the upper respiratory tract in the form of nasal or throat fluid. Rapid antibody test is used to detect whether there is antibody in the blood sample. The results are usually obtained in 1 or 2 hours because they do not require sophisticated laboratory facilities. The residents who can undergo a rapid diagnostic test are the people who have a contact history with a patient under observation, a confirmed Covid-19 patient, and a person under surveiilance.

If the test shows negative of Covid-19, a person who has undergone a rapid diagnostic test must still be quarantined independently for 14 days. Negative result is still considered potential infection

and transmission of Covid-19. If the person shows worse symptoms or conditions, the person will be referred to a hospital to undergo a Polymerase Chain Reaction (PCR) test. However, if it does not show any symptom, the person is asked to repeat the test on the seventh to tenth day after the first rapid test. Finally, if the result remains negative, the person is declared uninfected.

The Polymerase Chain Reaction (PCR) method, often refers to a throat swab test. It uses fluid samples from the lower respiratory tract. This test is done by wiping the back of the throat. This examination takes 20-30 minutes. In the PCR method, the researchers extract nucleic acids in the fluid samples from the lower respiratory tract. Nucleic acid contains a viral genome which determines whether an infection is present or not in the body. Not everyone can have this PCR test, only those who are at risk will be diagnosed.

The effective preventions in the community as such as:

1. Clean your hand often using soap and water or alcohol-based hand rub;
2. Avoid touching your eyes, nose and mouth after touching anything;
3. Have an ethic while coughing and sneezing by covering the nose and mouth with the bent elbow;
4. Wear a mask;
5. Maintain a safe distance more than two meters from others. (Indonesian Ministry of Home Affairs, 2020).

Policies related to Covid 19 transmission prevention:

1. **Lockdown policy** means a policy that prohibits residents from entering a place because of an emergency. Lockdown can also mean a country that closes its borders, as the result, no one is able to enter or exit the country.
2. **Social distancing** means reducing the amount of outdoor activity and interaction, reducing direct face-to-face contact. This step includes avoiding public places. Social distancing is different from locking yourself at home, if someone has to be in a public place, for example a supermarket, it is necessary to keep a distance for about two meters from other people. An effort in implementing this policy is Work from Home (WFH) policy. There are ways to do social distancing:
   a. Do not have meeting with a lot of people;
   b. Be careful in public area by not touching any public facility;
   c. Avoid being outside in rush hours;
   d. Avoid any meeting point like offices, schools, cinemas and others;
   e. Do not make a handshake;
   f. Avoid any crowded.
3. Physical distancing, means maintaining a physical distance between one person and another. Some ways to do physical distancing, including;
   a. Avoid any crowded;
   b. Do not make a handshake;
   c. Keep minimum distance of two meters away;
   d. Work, study and pray at home;
   e. Wear a mask if sick or in a public area.

Even if everyone does physical distancing, everybody can still do daily activities, maintain social relationship with family and others using social media.

4. Large-Scale Social Restrictions (PSBB)
   In Indonesian, it is called PSBB. It is regulated in the Law No. 6 Year 2018 and Government Law Number 21 Year 2020. It is included the school and workplace closures, restrictions on religious activities and public activities, and prohibitions on going to home town.

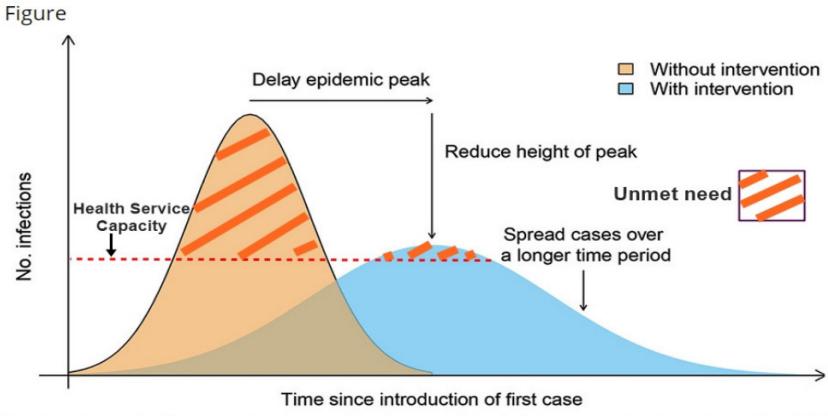

Figure 3. The impact of Covid-19 to the increase of sanitation and social distancing (Fong et al., 2020)

Figure number 2 illustrates a concept to limit the epidemic peak, so that every patient is able to get medical service (red dashed line). If this curve slopes, then the patient's need for medical facilities can be fulfilled and get intensive care. Social and physical distancing are needed for controlling the transmission, so better medical system can be provided, and vaccines can be produced. If there is no social and physical contraction, transmission cannot be controlled. As a result, a lot of patients cannot get appropriate medical facilities which will lead to the death. (Dalton, Corbett, & Katelaris, 2020)

Weber divided people into three classes: lower class, middle class, and upper class sections which were illustrated proportionally in the form of triangular curves. Structural categorization refers to wealth and income per capita. Indonesia was dominated by the lower classes. According to the World Bank (2020), the composition and proportion of classes in Indonesia consisted of lower classes (79%), middle classes (20%), and upper classes (less than 1%). Regional quarantine policies and Large-Scale Social Restrictions (PSBB) with restrictions on social movements, social and physical distancing and work from home (WFH) were like attacking the lower classes, especially for informal sector or daily workers. This policy had an impact on the decrease of the less fortunate classes's purchasing power. Then, multidimensional crisis had become a threat. (Ansori & Hubei, 2020)

The Impact of Covid-19 Virus Outbreak on Certain Professions in Indonesia

1. Healthcare/ Medical Professionals

Healthcare professionals were considered as frontlines for handling the confirmed Covid-19 patients. Easily transmitted type of virus made medical professionals very careful in handling patients. They must ensure that patients were handled properly while prioritizing their own lives. Based on the confession by respondents who work as medical professionals, there had been many positive and death cases on their colleagues due to treating Covid-19 patients. The role of doctors in dealing with Covid-19 was as an educator, diagnosis, observator, therapist, as well as a multidisciplinary mediator. Before carrying out these functions, the principle of patient safety must be carried out strictly. The main point was to reduce the risk of transmission. Therefore, the use of appropriate Personal Protective Equipment (PPE) for each procedure was mandatory. Actually, a doctor could refuse Covid-19 patients if PPE was not available, and this had been approved by the Indonesian Doctors Association (IDI).

There were many problems related to the handling of Covid-19 in the persfectives of medical professionals, including the unequal growing number of patients to the available medical professionals, the lack of hospital emergency facilities, the difficulties of obtaining Personal Protective Equipment (ADP), the scarcity of N95 Masks, and the missocialisation Standard Operating Procedures (SOPs), the less competence of medical professionals in handling Covid-19, and the limitation number of available hospitals for Covid-19. Some medical professionals also felt isolated by their environment, because they were considered able to transmit the virus due to direct contact with Covid-19 patients.

One of the effects of the Covid-19 pandemic was the scarcity of masks, hand sanitizers and alcohol. Many irresponsible individuals piled these medical items and sold them at unreasonable price due to the high demand. Sixty milliliters of hand sanitizer, which was originally around IDR 11, 000 to IDR 17,000.00 per bottle, raised to IDR 50,000 - IDR 70,000 per bottle. The price of ordinary masks per box was IDR 20,000. Then, it increased to IDR 80,000 or more than IDR 100,000. Medical masks from IDR 200,000 were raised to IDR 1,300,000 - IDR 2,000,000.00 per box.

Medical professionals also had dual roles: as a preventive agent (prevention) as well as a curative agent (healing). Medical professionals must be able to provide education to the public in an effort to minimize the transmission of Covid-19. As a curative agent, the medical staff must try to survive in the hospital and not return home. Triage was needed due to inadequate human resources and medical facilities. Triage was patient classifications based on disease, severity, prognosis, and availability of resources. Triage was a quick method to assess the severity of a condition, setting priorities, and moving patients to the right treatment. Triage divided patients into black, red, yellow, and green groups. Black was for passed away patients, red was for critical patients, yellow was for emergency patients, and green was for unserious condition patients. An unserious condition patient and able to move was asked for a self-isolation. Medical services were for those patients who needed it the most. Assistance from the Department of Health and volunteers for human resources and medical equipments was still very much needed.

Government appreciated the medical professionals by providing incentives for who handle Covid-19 patients. The President promised that the specialists would receive an incentive of IDR. 15,000,000, while general practitioners and dentists would receive IDR. 10,000,000, midwives

and nurses would receive IDR 7,500,000, and other medical personnel would receive IDR 5,000,000. The Ministry of Finance had prepared 3.7 trillion rupiahs as incentives for 99,660 medical professionals.

2. Online Transportation Drivers

Online transporttaion drivers obtained income by working every day so they relied on daily income. Pandemic Covid-19 made their income dropped to 80%. The government's suggestion for physical distancing and work from home made only a few people used their services. Most of their services were goods and food delivery. Especially for Large-Scale Social Restrictions (PSBB) areas, drivers were not allowed to carry passengers at all. In fact, if there was no income they were confused to pay their installments. A respondent claimed that he only had income from this job; his wife did not work; and had two school-age children. The impact of the pandemic was certainly a heavy pressure for them.

Katadata.co.id reported that the Government and the owner of Grab and Gojek would to provide assistances. There were eight types of assistance due to the Covid-19 pandemic.

1. Cash Transfers for the poor and informal workers, including online transportation drivers. This cash xxxxxxxxxxxxxxxxxxxxxtransfers were from village funds and distributed from April to June. Each recipient got IDR 600,000.00 per month.
2. Preemployment Card. People who were entitled to get cash transfers but had not yet got it could register for a pre-employment card which was opened every week. This program was given to 5.6 million people. Selected participants would receive IDR 3,550,000 per person. It included incentives for training costs IDR 1,000,000, for completing training in four months up to IDR 2,400,000, and for three times post-filling evaluation surveys IDR 150,000.
3. Gojek and Grab provided financial assistance for positive Covid-19 drivers. Applicators also provided medical devices such as masks and hand sanitizers to avoid virus transmission.
4. *Gojek and Grab* also stopped insurance premiums, vehicle loans, and so on. Banking and finance companies provided a credit restructuring. Some fintech firms also provided a debt relief.
5. Support Food packages (Food Parcels). Various foundations both from public and the private sector provided food packages to the community.
6. Free food. The Ministry of Cooperatives and Small & Medium Enterprises (SME's) and the Warteg Nusantara Community distributed free food and beverages to people in need.
7. Telecommunications companies collected donations in the form of pulse vouchers for online drivers.
8. Pertamina launched a special program for online drivers. The program was LinkAja's cashback for purchasing gasoline through MyPertamina application.

3. Teachers/Lecturers

For academics, especially civil servants teachers or lecturers were allowed to work from home. The government reallocated activities and budgets, both State budget and Local Government budget to the village government level for the prevention and handling Covid-19 including the reallocation of civil servants official travel funds. For their incomes, many local governments deducted civil servants' salaries based on their level and rank for helping people in need due to Covid-19.

According to Letter No. 19 of 2020 concerning the adjustment of civil servants working system as Covid-19 prevention efforts, Civil Servants who work at home were prohibited taking annual leave and going hometown. There were strict sanctions for civil servants who disobeyed; of course a civil servant must provide a good example for the community. Teachers and lecturers kept implementing online learning as a substitute for face to face class. Academic services like thesis guidance and thesis trial were also carried out online by using available applications. It was certainly a challenge for all parties to provide excellent service by implementing a new working system.

4. Journalists

From the persfective of journalists, information related to Covid-19 was looked forward by public. The media were the main sources for the news regarding Covid-19. Journalists had duty to carry out news report to the public through newspaper or magazines, online media, or television and radio. Journalists must have persistence in hunting news, be fast and quick in catching up on the news, and must be prepared to leave any time to the location.

Journalists must always be ready to discover information in disasters, accidents, conflict areas, even in the war zone or danger zone. Journalists, who work in the middle of the Covid-19 pandemic, were at risk to be contaminated when hunting for news. Therefore, the media company must be responsible for ensuring the safety of its reporters. The media company leaders must ensure the health protocol applied by journalists when working.

According to a statement of a journalist, as an effort to break the Covid-19 chain, reporting had

been done at home. Interviews were conducted through online media or live streaming. However, if they really had to work outside, they wore a mask, brought a hand sanitizer, and did physical distancing.

The mass media had a strategic role in providing information as well as education to the public. In this condition, the mass media could play a role in creating a safe atmosphere or even a panic and anxiety through the news. The mass media must be able to provide non-provocative news. Journalists must have social and political sensitivity in order to uphold ethical values in presenting the news. Journalists needed moral awareness to build public optimism in overcoming the Covid-19 virus outbreak threat.

5. Sellers

Since government had suggested doing social and physical distancing, self-quarantine, and large-scale social restrictions, many street vendors were lost their income because there were not a lot of buyers. Some sellers who rely on daily income were still looking for their lucks in selling, even though they had to face many risks. They continued to struggle to make a living, so that their families would not starve.

Respondents said that this outbreak caused the dramatic decrease on the daily income which was more than 50% from before. The sellers felt uneasy, so many of them had to go around selling their wares. The sellers worried that the food prices would be raised while their income was getting decreased.

A respondent who worked on the culinary business admitted that she was not able to cover her capital; so that, instead of earning income, it was actually lost. If his pandemic did not end, it was possible that many sellers would make employment termination or even close their own business.

The government would not be able to minimize the deaths due to Covid-19 without giving the economic impact on the country. Controlling the number of deaths as low as possible would be a priority, but the government must prepare a program to fix upcoming inevitable economic crisis. The government must be able to make decisions, although in the future there would be many pros and cons from the community. The impact on every individual was different from the policies issued by the government. (Anderson, Heesterbeek, Klinkenberg, & Hollingsworth, 2020)

Government Regulation in Lieu of Law Number 1 Year 2020 concerning State Financial Policies and Financial System Stability for Handling Covid-19 Pandemic produced a variety of policies.

1. Family Hope Program
   The government added Family Hope Program members from 9.2 million families to 10 million families. The amount was also increased to 25% allocation of IDR 37.4 trillion.
2. Non-Cash Food Assistance (BPTN) or food assistance cards
   The government increased the number of recepients to 20 million and the value rose 30% to IDR 200,000, per recipient. Food assistance cards will be given for 9 months.
3. Preemployment Card
   The budgets for pre-employment card became 20 triliun with the total recipients of 5.6 million people. The value became IDR 650,000 to IDR 1,000,000 per month for four months.
4. Electricity Tariff Assistance
   The government gave free electricity tariff to customers who had 450 voltages of electricity, around 24 million customers, for three months (April - June 2020). The government provides a 50% discount for 900 voltages to 7 million customers for three months (April - June 2020).
5. Alternative Budget Allocation
   The government had IDR 25 trillions to fulfill basic needs, logistics and market operations.
6. Credit Installment Relief
   This relief was given to taxi drivers, online transportation drivers, Micro Small and Medium-sized Enterprises (MSME), fishermen, residents with affected daily income in April 2020. (Maftuchan, 2020).

WHO's Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH) gave protection and prevention advises, as such as:

1. Each country should rapidly increase preparations, readiness and response based on national risk assessments.
2. All countries must consider a combination of responses, case and contact findings, and other actions to delay the high number of patients, and steps to araise public awareness, promotion to always maintain hygiene, preparation to the high demand health system, and cancellations or postponing large scale public meetings.
3. Countries with zero Covid-19 case must conduct active surveillance for on time case finding, isolate, test and track every contact, practice social distance, and prepare health care.
4. Countries with low and medium income per capita must be supported technically and financially by institutions in the world.

STAIG-IH emphasized that it was impotant to keep sharing health data quickly, as well as technical collaboration between doctors, epidemiologists and virologists around the world. (Bedford et al., 2020).

CONCLUSION

The steps to reduce Covid-19 transmission included detecting and isolating cases, tracking contact and quarantine, social distancing and physical distancing, international travel bans, prevention of mass meetings, and self-maintenance. Social and physical distancing through staying at home movements was intended to slow the spread of disease and stop the chain of Covid-19 transmission. All public health services must be balanced with adaptive strategies to maintain social connections, protect incomes and secure food supplies. The negative economic impact of social distancing needed to be anticipated by managing the work cycle. Health care services were focused on the efforts to cure Covid-19 patients by increasing the health budget. For social, it was focused on the implementation of social safety nets. For recovering the economics was by providing cash transfers, credit, and monetary.

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