



## The DKI Jakarta Regional Government Policy to Handling Covid-19 in Basic Services in Health Sector

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### A B S T R A C T

This study focuses on the policies of the DKI Jakarta Regional Government in handling Covid-19 in the primary health service sector in 2020. The main focus of this research examines the approach that has been taken by the Regional Government in dealing with Covid-19 problems, especially in health service units which are essential services (primary) society needs. Especially DKI Jakarta is the only city in Indonesia with a provincial-level status. This study uses a qualitative method. The form of the DKI Jakarta government's policy efforts in primary health services during the Covid-19 pandemic in 2020 with various tracing efforts by capturing asymptomatic cases in locations at high risk of Covid-19 transmission and treatment (treatment) with measures and solutions to improve; a. Health service capacity; b. Promotive and preventive efforts. Reporting from various references found by researchers, there are two different sides, namely the success and weakness in implementing the policy. The researchers found that promotive and preventive efforts in health service capacity programs were quite reasonable and practical from success. However, on the side of weakness, there are obstacles that the implementation process does not run optimally according to one source. It reflects on the policy perspective. It is expected that DKI Jakarta and other regions to draw valuable lessons for policy administrators.

### INTRODUCTION

The purpose of heriod public service is the state's effort to fulfill every citizen's basic needs and civil rights in the form of services, goods, and administration services provided by public servants (Kurniawan, 2005 : 1). The significance of this public service is to equip the most exemplary service to the public. It is the obligation of the state apparatus as a public servant. There must be a development that includes details of service institutions, service processes, and human resources of service providers (Dodopo, 2013: 6). The Indonesia Government Regulations No. 2 the year 2008 explains that minimum standard (SPM) is related to the type and quality of essential services. It has become the government's responsibility to provide; a. education, b. health, c. public work, and spatial planning, d. public housing and residential area, e. Peace and public order; f. Community and social protection (Ginanjari, 2020: 7)

Based on that rationale, this article will study the Provincial Government of DKI Jakarta public services policy during the pandemic in the healthiness services sector. The importance of this research is public services reflect general independence in regional related to obtain satisfied service. The benchmark for quality public services is shown by changes in government administration in favor of the community welfare (Hamid, 2011: 12)

DKI Government has focused on the health sector to create the community's welfare. Especially during the Covid-19 pandemic, the DKI Jakarta government has incessantly handled

it. However, the pandemic has spread out and significantly impacted both the health and non-health sectors. Covid-19 that has hit in the world and Indonesia, there are important and valuable lessons that Indonesia ought to continue to enhance in various development sectors and respond more intensively to this pandemic to determine success in its prevention (Sirajuddin, 2016: 3). In particular, there is a valuable lesson for the DKI Jakarta Regional Government in mapping and tracking restricted zones inclined to the most elevated Covid-19 cases in the DKI Jakarta area. (Bappenas, 2020) Reports that initial preparations for the DKI Jakarta health office began in January 2020 by requesting all puskesmas (Community Health Center) in DKI Jakarta to fill all the demand for personal protective equipment (PPE) by mid-March 2020; five (5) Covid-examination laboratories had been appointed, namely; Labskesda, BBTCL, Eijkman, UI Hospital, and RSCM. Labskeda has also been functioning actively for 24 hours since March 23, 2020. Furthermore, the DKI Jakarta Health Department has mapped out conditions at the end of March and seeks to borrow equipment and potential collaboration to accelerate the investigation.

Since January 2020, TNI (Indonesia National Army) has also supported countermeasures against the Covid-19 pandemic to laboratory mapping, procurement container lab, and medical logistics. In addition, DKI Jakarta has also carried out training for epidemiology investigation and contact tracing since April 2020. Tracing in high-risk areas to identify asymptomatic cases on the market, resident, house of worship, prison, etc. public

health office has also conducted coordination with private laboratories (Bappenas, 2020: 6).

The primary health service policy in DKI Jakarta is said to be successful by several groups because Anies Baswedan as the authorized local government official, has functioned in a reasonably good realm. In his opinion, Arman, as task executor Director of KPPOD, as the governor, Anis Baswedan, ought to form approaches to overwhelm the covid-19 pandemic. He also explained that the Governors' handling of COVID-19 was acceptable in terms of budget policies and regulations issued in the context of handling COVID-19.

We consider that in 2020, the DKI Jakarta Provincial Government could perform in a reasonably good realm. Regarding the funding that supports matters relating to the financing of essential health services, it can be said to be good as it should be, such as surveillance in medical personnel training, PSBB programs, and PPKM in the health service sector. However, it is only an important note that implementing policies in the field often face obstacles in practice. However, the realization process did not run as well as expected.

In September 2020, following the highest confirmed cases in DKI Jakarta, Anies Baswedan, the Governor of DKI Jakarta Province, implemented PSBB (large-scale social restrictions). Anies Baswedan has re-established the PSBB (large-scale social limits). The DKI Jakarta Administration has taken this policy to stop spreading the virus. Anies Baswedan stated that the leading indicator affecting this policy is the high death toll and hospital occupancy, which put Jakarta in an emergency. At the Covid-19 Task Force meeting, the Governor stressed out, "...pull the emergency brake means we obliged to implement the PSBB like a while ago; not only PSBB transition." He also adds that PSBB and the administration of DKI Jakarta will implement the President Instruction from the beginning of the pandemic by working from home, studying from home, and worshipping from home (Pangaribuan & Munandar, 2021: 6)

Based on data compiled from merdeka.com, 1,347 individuals have died due to the pandemic that hit DKI Jakarta. Although the death rate for COVID-19 in Jakarta is at 2.7% - lower than the global death rate at 4.1%, it is even lower than the worldwide death rate, which is around 3.3%. The number of deaths continues to increase, accompanied by an increase in the number of funerals for the Covid-19 protocol; ironically, there are more and more probable cases of death that must be buried with the Covid-19 procedure before a positive result can be guaranteed. Four thousand fifty-three isolation beds specially provided for COVID-19 patients with moderate symptoms, 77% of which have been used. In earlier data, there were 4,456 special isolation beds for corona. Still, several hospitals could not meet the maximum capacity due to constraints on the number of health workers after being infected with the virus. It has pushed several hospitals to shift some of their beds to Non-Covid-19 patients because their services have been delayed. Some hospitals have shifted their isolation space to the ICU due to the many patients who require the ICU. (The more ICU increases, the wider the bed distance, thus reducing the number of beds. The capacity of the COVID-19 isolation room rose by 20% to 4,807 beds. Meanwhile, the maximum capacity of the COVID-19 ICU room is 528 beds in DKI Jakarta. Because of increasing the capacity of beds, which are decreasing in availability, the DKI Jakarta Provincial Government has increased the ICU capacity to reach 636 beds. Not only

providing the mattress but also making sure there are doctors, nurses, safety equipment, tools, and medicine available. Efforts to increase short-term capacity also need to be accompanied by strict restrictions. Therefore, local governments must play an active role in dealing with problems that occur in the field (Pangaribuan & Munandar, 2021: 7).

Thus, we assume that there are essential points behind the research on local government policies in managing COVID-19 in the policy sector, i.e.:

1. To demonstrate the policies of the DKI Jakarta Regional Government in managing COVID-19 in the health service sector by tracking mapping locations that are prone to cases at risk of Covid-19 transmission, to instances of Covid-19 patients without asymptomatic, mild to severe cases, as well as by how to treat.
2. To explain the obstacles encountered by the DKI Jakarta regional government in managing COVID-19 in the health service sector.

## METHOD

This article adopt the qualitative method along institutional research (Sirajuddin, 2016: 7). We adopt the qualitative to explore, discover, characterize, and clarify the quality or privilege of social influences that cannot be defined, measured, or described through a quantitative approach. Meanwhile, the institutional research focuses on the primary institutional instruments or emphasizes the importance of a structure (the DKI Jakarta regional government) in managing essential health services amid the COVID-19 pandemic (Sugiono, 2012) (Sugiono, 2008: 267).

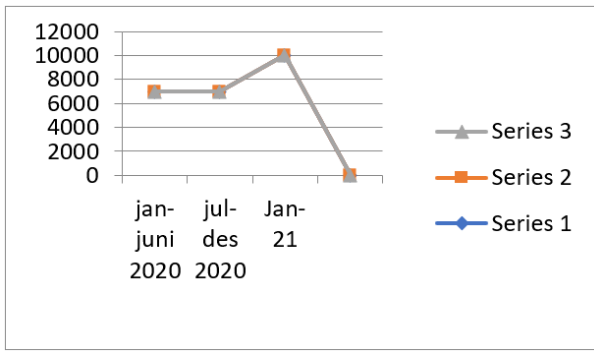
Sources of data in this study include; a) secondary data obtained through literature studies and references to various journals, books, and data; (1) the form of DKI Jakarta local government policies in essential public services in the health sector DKI Jakarta during the covid-19 period. (2) the obstacles encountered by the regional administration in realizing policies correlated to essential public services in the health sector in DKI Jakarta during the covid-19 pandemic, while the data source in this study was the implementer of essential health public services in DKI Jakarta during the covid-19 pandemic.

The data analysis technique analyzes and describes DKI Jakarta Regional Government policies in essential public services in the health sector during the COVID-19 pandemic. In this study, we used a qualitative descriptive analysis technique. Meanwhile, this research aims to discover and present essential public service policies in the health sector in DKI Jakarta during the COVID-19 pandemic.

## RESULTS AND DISCUSSION

### *DKI Jakarta Government Policy in Handling Covid-19*

Regarding the responsive and fast handling of Covid-19 policymaking, the local government has a vital role in tracing and treating, as we can see in a graphic and table of the development of Covid-19 in Indonesia as of December 2020-January 2021. By tracking, experts can conclude that DKI Jakarta is the most vulnerable zone and many cases of Covid-19 transmission in Indonesia.



Graphs 1. Covid-19 in Indonesia as of Dec 2020-Jan 2021

Note: Active cases (RHS) Increase above 110 thousand patients, and the average per week increases above 7000.

Table 1. The highest cumulative province of Covid-19

DKI Jakarta	192.899 (24,7%)	3.366 (1,7%)
JawaBarat	89.661 (11,5%)	1.188 (1,3%)
Jawa Timur	87.797 (11,3%)	6.119 (7,0%)
JawaTengah	86.545 (11,1%)	3.840 (4,4%)
Sulawesi Selatan	33.931 (4,4%)	615 (1,8%)
Kalimantan Timur	28.358 (3,6%)	777 (2,7%)
Riau	25.532 (3,3%)	601 (2,4%)
Sumatera Barat	23.806 (3,1%)	520 (2,2%)
Banten	19.161 (2,5%)	441 (2,3%)
Sumatera Utara	18.586 (2,4%)	686 (3,7%)

Source: Ministry of Health Dec 2020-Jan 2021

Table 1 data shows that DKI Jakarta occupies the highest area of Covid transmission in Indonesia, where transmission cases are 24.7%, and death cases are 1.7%. In Table 2, we present the availability of beds (bed occupancy rate), isolation, and ICU (treatment).

Table 2. Availability of beds (bed occupancy rate) isolation and ICU (treatment)

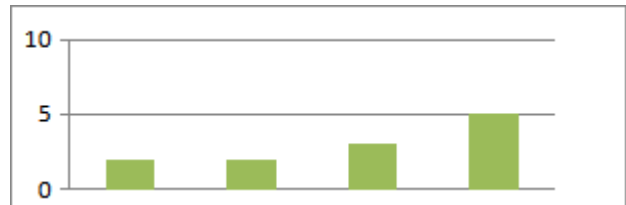
Province	Isolation	ICU
DKI Jakarta	85%	78%
Jabar	80%	78%
Jateng	79%	58%
DIY	81%	72%
Jatim	74%	65%
Sulsel	64%	38%

Source: Ministry of Health Dec 2020-Jan 2021

Toughening health security capacity has complete control, especially concerning health service units. According to (Bappenas, 2020), the management includes; (a) efforts to comply with Covid-19 data input continually and facilitate the completeness of data files by delivering rewards for regions that capitulate with procedures as well as sanctions for regions that do not transform hospital COVID-19 patient data to an online system, as well as managing the advancement of reports of daily activities; (b) ensure the availability of human resources (HR), logistics, advice, and infrastructure, budget support in surveillance, data management, and laboratory examinations; (c) implementation of monitoring and evaluation of reports acquired; (d) local government initiatives in examining and developing a more complex COVID-19 recording data system down to the lower level of the RT/RW; (e) further analyzing the

risk factors for death due to COVID-19 which are followed up in the form of responsible regional policies and regulations.

The COVID-19 pandemic is a global and national disaster that requires local governments to be responsive and accountable in dealing with it. Likewise, what has been carried out by the DKI Jakarta regional government has been mainly with various efforts to improve tracing and treatment to decrease the number of spreads due to COVID-19 cases in its territory. Governor Anies Baswedan highlighted that he would expand the availability of health support and carry out more massive testing (Rivelino & Ginting, 2020: 7).



Graphs 2. Illustration of the increase in COVID-19 cases in DKI Jakarta.

Data from graph 2 indicates that the growth in COVID-19 in 2019-2021 has experienced a very significant increase. We cannot simply take this COVID-19 pandemic easy to take, and it needs proper and severe handling. In September 2020, DKI Jakarta won the title of the highest area of covid-19 transmission cases in Indonesia. So that the local government pays more attention to health service units in DKI Jakarta. Here are the forms of the DKI Jakarta Government's policy efforts in essential health services during the 2020 COVID-19 pandemic.

Tracing

Based on data on COVID-19 cases in 2020, Bappenas confirmed that 716,776 people in DKI Jakarta had carried out PCR tests, which means that 49% of tests nationally were carried out in Jakarta. With 67,335 people having been tested per million population, the figure is higher than the national average of 5,348 in the test per million. 49.837 cases, with the positivity rate in Jakarta being 7.0% lower than the national positivity rate of 14.0%.

Contact tracing has been carried out since April and May 2020 for field surveillance personnel. When tracking cases to capture asymptomatic, they were followed and then mapped locations with a high risk of spreading COVID-19 transmissions, such as in markets, RT/RW, houses of worship, and prisons. Since the Government enforced the PSBB in June, the number of tests in Jakarta has been consistent. And directional exceeds the who standard by more than five times. The puskesmas also routinely discover active cases in the community and improve tracing. In 2020 the tracing rate in Jakarta was six contacts traced, meaning that for every one confirmed positive, there are six traced transmission contacts. So that the local government and health service units intensively expand outlining capacity (Bappenas, 2020: 9).

Treatment

The second condition of the DKI Jakarta Regional Government is to treat by increasing the capacity of health facilities specifically for COVID-19 patients, by increasing the number of isolation beds and the special ICU for COVID-19. The DKI Government has also converted several hospitals, such

as Pasar Minggu Hospital and Cengkareng Hospital, into a particular Covid-19 hospital. Then, 1,174 additional medical and health support personnel were assigned to serve the entire DKI Jakarta area. The rate of new health workers also accompanies the increase in the capacity of health facilities. It has also provided special accommodation facilities for health workers handling COVID-19. Other facilities emphasized here are mobility vehicles to carry out their service.

The following are the forms of the DKI Jakarta government's policy efforts in essential health services during the COVID-19 pandemic with Treatment as one way to increase the capacity of health services, promotive and preventive as follows:

#### *Health Service Capacity*

In 2020 health services in DKI Jakarta have employed the surge capacity principle. In contrast to the catastrophe situation, the situation and condition of the COVID-19 pandemic simultaneously, the government must manage the capacity of health services. The regional government is also required to design and develop an early warning procedure that assists in making decisions on the procurement and distribution of the needed pharmaceutical and health equipment faster and more accountable. Not only that, guaranteeing an online information system that is updated daily to find out the map of medical logistics needs to anticipate the increasing demand for medical services. The following is the collaboration between the DKI Jakarta government and the health service sector in handling COVID-19 in 2020 (Rivelino & Ginting, 2020: 23).

#### *Surge Capacity*

In terms of sudden medical treatment, hospitals need to anticipate inpatient facilities in line with the addition of Non-negative and unfavorable isolation rooms. Independent isolation rooms are essential in preventing further Covid-19 transmission, not creating new clusters. Therefore, the active part of the government and the health service sector is in collaboration to provide facilities for residents who need independent isolation. Still, it is not possible to isolate at home. Data on the covid19.go.id-data website as of September 21, 2021, shows that around 80% of the 58,378 active cases are mild cases requiring independent isolation rooms. Apart from that, funding must be available to support the implementation of planning, training, equipment, research, logistics coordination, monitoring, and the policy change process.

In monitoring the logistical capacity and availability of pharmaceuticals and medical devices, it is necessary to develop an early warning system so that there is no shortage of calculating the need for critical care facilities, which is estimated to be only 20% of active cases. Then the hospital needs to pay attention to the shortage of unfavorable pressure isolation rooms. Suppose there is a shortage of unfavorable pressure isolation rooms. In that case, the hospitals can overcome it by asking for permission by requiring all new, old, or those hospitals to be built to build unfavorable pressure isolation rooms. Thus, it is expected that hospitals will not experience a lack of capacity due to isolation rooms (Rivelino & Ginting, 2020: 25)

#### *Task Shifting*

Implementing task shifting requires sufficient capacity for the number of skilled health workers. Therefore, the government should prepare medical and non-medical volunteers, from training to special licensing procedures, to

fulfill the capacity of qualified medical and non-medical personnel. The Covid-19 pandemic is declared a non-natural disaster. Health workers are required to be rescuers. It is feared that this situation poses a risk to health workers who at any time also become victims of contracting COVID-19. There have been many cases of health workers becoming victims of the malignancy of COVID-19, ranging from cases of mild infection symptoms to death.

Meanwhile, it will take a long period to acquire specialist medical personnel. The shortage and limitations of specialist doctors encounter the demand for specialist doctors, which continues to increase. Thus, it requires to be managed by strengthening/consolidating the capability of human resources (HR) by taking into account the adequacy of the number and providing protection against the risk of transmission as recommended by WHO by taking into account mental and welfare aspects. WHO reminds the world community that human resources, especially rescuers of existing health medical personnel, need to be fought for by protecting their physical and mental conditions. So, they are not tired, physically and mentally healthy, so they are not vulnerable to COVID-19 and do not fail to protect the community receiving services. Health from wrong actions later (Bisri & Asmoro, 2019: 24).

Furthermore, the regional government and health services will redesign so that the referral system for health services is based on the hospital's capacity according to its ability, ensuring the adequacy of the number of medical personnel. The referral system is essential considering that puskesmas and private clinics do not have adequate resources, so it is feared that the screening results will have to be referred to a COVID-19 referral hospital established by the central government or local government in DKI Jakarta.

#### *Medical waste treatment facility capacity*

Medical waste is often essential to pay attention to the facilities' capacity to handle medical waste treatment, and its distribution needs to increase. Hospitals are responsible for fulfilling it for management, while B3 waste is transported or processed later. The DKI Jakarta Regional Government also supervises and coordinates with the sectors involved, especially the health/hospital service sector, in managing medical services, especially during this COVID-19 pandemic (Bappenas, 2020: 12).

#### *Mobilization of financial and non-financial resources*

The Government should improve the sustainability of essential health services and coordination of health services during the pandemic. Therefore, the local Government of DKI Jakarta as the implementer has a role in mobilizing resources, including financial resources in the form of APBN and APBD reallocation funds, the primary economic resources. By identifying saving postal expenditures, it can be used to upgrade a COVID-19 referral hospital, procuring logistics for medical equipment. Be active in providing incentives for health workers to provide patient care costs, local philanthropy, and repatriating the bodies of COVID-19 patients.

The DKI Jakarta Regional Government also strengthens essential services in implementing PSBB (large-scale social restrictions). Especially for services for pregnant women and babies who require routine immunizations, patients with various internal diseases such as heart disease, cancer, and kidney failure, and increasing hospital operating income in DKI

Jakarta. Continuity of the implementation of health services by complying with health protocols (health protocols) which are carried out in a different place from the COVID-19 patient care room (Bappenas, 2020: 22).

### *The DKI Jakarta Regional Government Obstacles during the Covid-19 in 2020*

Every policy announced by the central or regional government will encounter steep obstacles. Moreover, the Covid-19 pandemic has entered the emergency level; like it or not, and the DKI Jakarta local government is required to offer the right solution and be accepted by the people of DKI Jakarta.

#### *Promotive and preventive efforts*

The term states that "prevention is better than cure" is in line with the measures of the DKI Jakarta local government to control the spread of Covid-19 transmission. It demands health promotion steps that refer to individuals, community groups, organizations, and communities so that people focus on maintaining and protecting health: himself and his immediate environment. The availability of the required infrastructure aid requires the confidence of various actors and stakeholders in DKI Jakarta in playing the roles of academics/experts, community leaders, religious leaders, implementers in DKI Jakarta, and transparent information in promoting this health.

However, stakeholders who should play a role in the success of local government policies in handling health services do not play their functions properly. As an example of the case that has occurred in DKI Jakarta, the large-scale social restriction program (PSBB) is a policy that is said to be an emergency brake used whenever needed in DKI Jakarta. However, promotive efforts have not accompanied a progressive sanction instrument based on the Jakarta governor regulation. And preventive measures directed at the formation of new PSBB norms have not been effective and optimal at the beginning of the pandemic. Some experts consider PSBB as an intervention that is less effective in slowing down people's mobility directly. However, PSBB and other policies related to health protocol services are often not obeyed by the people of DKI Jakarta (Permenkes, 2020: 9).

Amid the anger, people are full of anxiety and worry and hope that the government will provide a solution for the community; this is what makes people distrust the government figure when implementing PSBB, restrictions on all aspects, especially the community's economy. In addition, the obstacles faced by the DKI Jakarta local government are the media that provide inaccurate information, the hoaxes that spread cannot be verified, and often mislead the public, which circulates fast through media channels (Sari, 2018; 12).

The COVID-19 pandemic is a tough test, so persistent efforts are needed from various stakeholders ranging from local governments to the government, to synergize well. For example, regulations on using health protocols every time they come to the hospital for treatment, people are found not to use health protocols—masks, etc. In addition, the obstacles for the DKI Jakarta regional government in supervising and monitoring hospitals as health services handling COVID-19 in terms of providing health facilities to avoid surge capacity. The implementation of task shifting in providing specialist medical personnel with funding assistance for training education often encountered obstacles so that planning and performance did

not go as they should. Constraints faced by the health service sector in handling Covid -19.

The Covid-19 pandemic that has hit the world and Indonesia needs extra handling, especially the health service sector in DKI Jakarta. In March 2020, President Joko Widodo announced that COVID-19 was declared a non-natural national disaster. Almost every day in 2020, the DKI Jakarta Hospital received a surge in patients with Covid-19. Logistics capacity, development of an early warning system to monitor conditions. The availability of pharmaceuticals and medical devices is sufficient, reported from detik.com. The calculation of the need for critical care facilities is estimated to be only 20% of active cases. Treatment facilities need to be equipped with unfavorable pressure isolation rooms to accommodate dwindling patients. It causes a large budget that is unexpectedly budgeted.

Of course, the central or regional government policy would meet obstacles from several groups, especially in emergency circumstances during the pandemic. Thus, the DKI Jakarta administrative has to design the finest and most acceptable policy for millions of its residents (Pratiwi, 2021: 12 ).

#### *Surge Capacity*

Reported from Menkes.go.id, Dr. Bela Donna presented that hospitals must invent surge capacity in an organized method by bringing into account the components that include surge capacity (4s): structure (facilities), staff (resources), staff (equipment), and policy management systems) (Ministry of Health, 2020) . The primary health service sector obstacle is accumulating a lot of work, scilicet outpatient, inpatient, and tracking patients in some health facilities, and taking into account the hazard vulnerability analysis (HVAS) by identifying hazards and assessing the risks caused by COVID-19 (Saidah, 2020: 20).

#### *Application of task shifting*

The application of task shifting is termed as the delegation of specialized health workers to less skilled/technical personnel. Considering the shortage of specialized medical personnel due to the covid-19 pandemic, in 2020, we will lose a lot of specialized medical personnel who have become victims of the ferocity of the COVID-19 pandemic, resulting in a lack of a sufficient number of trained health workers. Finally, the representation/delegation of tasks has transferred to medical and non-medical volunteers who need training in the study permitting procedure (Saidah, 2020: 30).

#### *Medical waste treatment facility capacity*

Medical waste processing concerns the regional government and DKI Jakarta health sector services. Mainly, if medical waste related to COVID-19 is not appropriately managed, it is feared that it will affect environmental pollution or other bad things.

#### *Patients (who contracted Covid-19)*

Patients (who are infected by COVID-19) are dishonest, so they spread the virus to medical personnel. Before implementing strict procedures like now, the pandemics began to hit people suffering from COVID-19 and covered up the truth so they wouldn't isolate in the hospital.

## CONCLUSION

COVID 19 is a worldwide catastrophe that has hit every region globally, including the DKI Jakarta Regional

Government. In 2020, COVID-19 cases spiked sharply in DKI, so it the necessity for the local government to deal with it in the form of policies. Primarily, this research focuses on DKI Jakarta Regional Government policies and the obstacles fronted in health services. The following is the DKI Jakarta Regional Government's policy on essential health sector services during the 2020 COVID-19 pandemic, the application of tracing, and treatment. Meanwhile, the DKI Jakarta Regional Government confronted obstacles, including preventive and promotive efforts, surge capacity, task shifting, the capacity of medical waste treatment facilities and patients (affected by Covid-19). According to (Edwards III, 1980) many factors influence policy implementation. As the indicators affect the undertaking of the policy, have a needle in processing the communication of the realization of an effective implementation if it is following the measures and policy objectives that are understood by the individuals responsible for achieving the policy objectives. Then, resources do no matter how clear and consistent implementation of the program and how accurate the communication is if the person accountable for implementing the program lacks the resources to carry out their duties. The attitude of one of the factors that affect the effectiveness of policy implementation is the attitude of the implementor. Finally, the bureaucratic structure discusses the implementing agency of a policy, and it cannot be separated from the bureaucratic system. In the health sector that has been successfully implemented, Reflecting on the approach's weaknesses, it certainly has a liability. We can learn many things to find solutions. In 2021, interestingly, the DKI Jakarta Regional Government had issued a Covid-19 regulation/Regional Regulation. After all, we hope that the health sector's basic service policies and non-basic services will increasingly regenerate and progress (Edwards III, 1980: 15).

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