Journal Evidence Of Law
Vol 4 No 2 Mei-Agustus 2025
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https://jurnal.erapublikasi.id/index.php/JEL

Legal Politics and Protection of Health Workers in Handling Outbreaks: An Analysis of Incentive Policies and Occupational Safety Guarantees in Indonesia

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ABSTRACT

This study investigates how government legal policy shaped incentive schemes and occupational safety guarantees for health professionals during the COVID-19 response in Indonesia. Using a qualitative method with normative legal analysis, the research examines key instruments such as Presidential Decree No. 11 of 2020, Government Regulation instead of Law (Perppu) No. 1 of 2020 (later ratified as Law No. 2 of 2020), Minister of Health Decree No. HK.01.07/MENKES/4239/2021, and Law No. 17 of 2023 concerning Health. The findings reveal that emergency legal policies, which relied heavily on executive discretion, became the foundation for determining incentive mechanisms. Implementation, however, was often hindered by bureaucratic complexity and unequal distribution across regions. Regarding occupational safety, integrating Occupational Safety and Health (K3) principles marked a necessary legal adaptation. Yet, significant shortcomings persisted, most notably in mental health protection and the provision of Personal Protective Equipment (PPE). Psychological support for frontline workers remained underdeveloped, leaving them exposed to burnout and trauma, while PPE shortages and uneven allocation undermined workplace safety. These results demonstrate that legal responses prioritized rapid financial relief but lacked balance with long-term, comprehensive protection. By highlighting this gap, the study contributes to understanding the relationship between political power, the legal framework, and the welfare of health professionals. The implications stress the need for a holistic and integrated legal policy, supported by sustained commitment and adequate resources, to ensure equitable and lasting protection for health professionals in future public health crises.

Keywords: *Legal Policy, Protection, Pandemic, Regulation, Occupational Safety Guarantee*

Introduction

The COVID-19 pandemic has dramatically exposed the fragility of global health systems and highlighted the crucial role of health professional as the frontline in any outbreak response. Health professional are the spearheads ensuring the continuity of medical services, even amidst limited resources and high risk of transmission, making their protection a moral and legal imperative (Arifin et al., 2018; Zuriati et al., 2021). In Indonesia, the pandemic not only tested the resilience of health facilities but also revealed the complexity of policies regarding incentives and occupational safety, which often intersect with political and legal dynamics (Hasibuan & Nasution, 2023; Tamba, 2021), which often reflect the political-legal dynamics surrounding their formation (Kurniawan, 2021). Protecting health professionals under such circumstances is a moral responsibility and a legal obligation.

In a public health emergency, the state faces a dilemma between ensuring public health and protecting individual rights, including those of frontline health professional (Billings et al., 2021; Mardiansyah, 2018). Measures such as emergency declarations, mobility restrictions, and special budget allocations are not merely technical responses but are shaped by political contestations of interests and ideologies. The perspective of legal politics becomes essential here, as it provides an analytical framework to understand how policy

choices are transformed into legal norms that directly affect the rights of health professionals.

The scope of protection for health workers is broad, covering the provision of personal protective equipment, guarantees of physical and mental safety, and distributing financial and non-financial incentives (Teixeira et al., 2020), Nevertheless, the Indonesian experience, similar to that of other countries, shows that these measures were often uneven and sparked tensions, particularly in implementing incentive schemes and enforcing occupational safety standards (Koswara, 2018; Santy Febryaningsih, 2023). These shortcomings cannot be explained solely as administrative failures but are influenced by how political and legal processes shape regulations and allocate resources.

The challenge is compounded by Indonesia's pluralistic legal system and decentralized governance, where central policies must align with local capacities (Harlianty et al., 2021; Zhang et al., 2020). Regulations such as Minister of Health Regulation No. 82 of 2014 set the normative framework for disease control. However, in practice, their implementation is uneven, influenced by local autonomy and shifting political priorities (Gegen & Santoso, 2022; Syafitri, 2021). The pandemic further disrupted the consistency of legal enforcement, as adjustments were made to cope with rapid social, economic, and environmental changes.

Article 11 of Minister of Health Regulation No. 82 of 2014 concerning the Control of Infectious Diseases explains that the prevention, control, and eradication efforts in the control of infectious diseases are carried out through health promotion activities, health surveillance, risk factor control, case detection, case management, immunization, and mass administration of preventive drugs. In the context of a pandemic, strict discipline is needed regarding social interactions in the community, demonstrated through the practice of physical distancing. This approach is considered the most effective strategy to prevent and reduce the transmission of the virus. The impact of the spread of Covid-19 is not only limited to disruptions to economic(Burhanuddin & Abdi, 2020), geopolitical, social (Septiadi et al., 2022), technological, and environmental stability (Noerkaisar, 2021), but also impacts the process of law formation and enforcement (Wiryawan, 2020). Several law enforcement efforts in various aspects have undergone changes and are implemented without fully following existing legal provisions, because they are considered inadequate in a pandemic situation.

The issue of incentives and occupational safety guarantees for health professionals is not a single, isolated matter, but rather a multidimensional problem encompassing moral, ethical, economic, and legal aspects (Amalia & Saputra, 2021). From a legal standpoint, incentives represent the fulfillment of health professionals' rights to adequate remuneration that corresponds to the risks of their work, as mandated in national and international legal instruments (Amalia & Saputra, 2021). Similarly, occupational safety is a constitutional right requiring the state and employers to ensure a safe work environment, provide personal protective equipment, and protect workers from discrimination and violence. Yet, despite an established legal framework, the reality shows that these rights are often not fully realized. In this context, the present research becomes significant by addressing a gap in the literature on how legal politics shapes healthcare worker protection policies in Indonesia. Understanding the interplay between political interests, legislative processes, and policy implementation will offer new insights into safeguarding the well-being of frontline health workers (Julaiddin & Sari, 2020).

Accordingly, this study seeks to answer two main questions: How does the government's legal policy shape policies on incentives, benefits, and occupational safety guarantees for health professionals during outbreak response in Indonesia? And to what

extent does legal policy influence the formulation and implementation of these measures? The overarching purpose is to provide a comprehensive analysis that contributes to the design of more responsive, equitable, and effective policies for future outbreaks while reinforcing the legal framework that protects the fundamental rights of health professionals.

Methods Research

This study uses a qualitative approach (Hayashi et al., 2019) focusing on normative legal analysis to examine the influence of legal politics on incentive policies and occupational safety assurance for health professional in handling the outbreak in Indonesia. The choice of a qualitative approach is based on its ability to provide a holistic and contextual understanding of complex issues, particularly in exploring the political dynamics and legal interpretations that shape public policy (Barkhuizen, 2008). Normative legal analysis is the primary framework because this research fundamentally examines relevant laws and regulations, legal principles, legal doctrines, and court decisions (Riyanto et al., 2021). This type of research, classified as normative legal research, specifically relies on library research to identify and analyze primary legal materials, secondary legal materials in the form of books and scientific journals, and tertiary legal materials such as legal dictionaries relevant to the topics of legal politics, health policy, and healthcare worker protection.

Data collection in this study was conducted through systematic documentation and literature review techniques to identify, review, and interpret various relevant legal and non-legal sources (Adiyanta, 2019). The collected data were then analyzed qualitatively and interpretively using descriptive-analytical methods. The analysis process involved organizing the data based on themes emerging from the problem formulation, specifically related to the formation of incentive policies and occupational safety guarantees for health professional and the political-legal factors that influence them. The results of this analysis are expected to provide an in-depth understanding of how political-legal influences the policy framework and implementation of healthcare worker protection in Indonesia during the outbreak.

Results and Discussion

Establishing Incentive and Allowance Policies for Health professional

1. The Role of Legal Policies in Financial Policy Formulation

The development of incentive and benefit policies for health professional during the COVID-19 outbreak was heavily influenced by the dynamics of government legal policy. In urgent crises, the government responded quickly, although this also left room for various interpretations (Sims et al., 2022). At the beginning of the pandemic, the government's first step was to issue Presidential Decree No. 11 of 2020, which declared a public health emergency due to COVID-19 (Adiyanta, 2019). While this decree was crucial in recognizing the emergency, it did not provide specific details regarding incentives for health professional. The financial policies that followed resulted from executive decisions driven by the urgent need to motivate and reward the role of health professional on the front lines.

Government Regulation instead of Law (Perppu) No. 1 of 2020, later enacted as Law No. 2 of 2020, is a crucial instrument reflecting the legal policy of emergencies. This Perppu provides the legal basis for the government to relax budget restrictions and take extraordinary measures to address the pandemic, including allocating funds for healthcare worker incentives. This Perppu contains articles that explicitly permit spending beyond the budget ceiling without prior approval from the House of Representatives (DPR). This

demonstrates a political consensus to grant full authority to the executive branch in dealing with the crisis (Syuhada, 2023).

The legal politics here are evident in the broad delegation of authority to the government, driven by the urgency and agreement among state institutions to prioritize pandemic management. This reflects a strong political resolve to prioritize the health response, even temporarily setting aside normal fiscal procedures (Arfan et al., 2021). However, the general nature of this Perppu requires more detailed derivative regulations. This is where the Minister of Health Decree No. HK.01.07/MENKES/4239/2021 concerning the Provision of Incentives and Death Compensation for Health professional Treating COVID-19 becomes crucial. This Ministerial Decree represents a concrete step in translating macro-level directives into operational policies. At this stage, competing interests and bureaucratic limitations are beginning to emerge. This Ministerial Decree details the amount of incentives and compensation and the disbursement mechanism. However, its implementation in the field often faces bureaucratic obstacles, complex data verification, and inter-agency coordination (Aminah et al., 2021).

Legal politics relates not only to the formulation of laws, but also to how derivative regulations are formulated and how authority is distributed among ministries or technical agencies. This Minister of Health's decree demonstrates a political effort to provide clarity, but its complexity also reflects an effort to maintain accountability in using substantial public funds.

2. Disparities and Gaps in Incentive Provision

Disparities and gaps exist in the provision of incentives for health professional. In this context, legal policy focuses on formulating regulations and how these policies are interpreted and implemented at various levels. Some health professional experience delays in the disbursement of incentives, differences in incentive amounts between regions, and difficulties in the verification process (Krisna Dewi, 2022).

This situation demonstrates that despite political efforts to encourage the Minister of Health Decree (Kemenkes) issuance, its effectiveness in overcoming structural and bureaucratic obstacles in the field still needs improvement. Policies that appear ideal on paper often face complex implementation challenges, particularly when faced with limited capacity at the regional level or coordination issues between institutions. This gap reflects that despite the political will to reward health professional, implementation at the technical level remains hampered by various non-legal factors that need to be addressed.

Establishment of Occupational Safety Guarantee Policies for Health professional

1. Legal Policy in Regulating Occupational Safety for Health professional

The aspect of occupational safety assurance for health professional during the COVID-19 outbreak has been significantly influenced by the dynamics of legal politics. Before the pandemic, occupational safety protection for health professional generally referred to labor laws and regulations related to Occupational Safety and Health (K3), as stipulated in Law No. 13 of 2003 concerning Manpower. However, the emergency situation created by this outbreak demands a more specific and swift response.

Without a specific law governing occupational safety assurance for health professional during the outbreak, the government responded by issuing various Circulars, Guidelines, and Ministerial Regulations that integrate K3 principles with pandemic management. This reflects an adaptive legal policy, attempting to adapt the existing legal framework to the emergency situation at hand.

Law No. 17 of 2023 concerning Health, the most recent regulation, demonstrates a shift in direction towards a more comprehensive legal policy in the healthcare sector. Although enacted after the pandemic, the spirit of this law encompasses strengthening the national healthcare system, including protection for health professional. The articles in this law that regulate the rights and obligations of health professional, as well as standards for healthcare services and facilities, indirectly strengthen the occupational safety assurance framework (Law No. 17 of 2023).

The creation of this law reflects lessons learned during the pandemic, where legal policy shifted toward strengthening the long-term regulatory framework to address future health crises, not just temporary emergency responses. The current challenge lies in implementing the detailed mandate of this law through the necessary implementing regulations.

2. Limitations and Challenges in Implementing Occupational Safety Guarantees

Implementing occupational safety guarantees for health professional faces various limitations influenced by legal politics and realities. One frequently encountered issue is the availability of adequate and high-quality Personal Protective Equipment (PPE), particularly at the start of the pandemic. This is not merely a logistical issue but also reflects budget allocation priorities and procurement regulations that may not fully support the needs of health professional. Legal policies prioritizing budget efficiency or rigid procurement mechanisms sometimes clash with urgent needs on the ground, resulting in PPE shortages or substandard quality.

Furthermore, mental health protection for health professional, who are particularly vulnerable to stress and trauma during the outbreak, has not been comprehensively integrated into occupational safety policies (Subhas et al., 2021). Despite recommendations from professional organizations, there are no explicit and robust regulations mandating adequate psychological support services for health professional in all healthcare facilities.

This indicates that legal policies have not fully accommodated the mental health dimension as an integral part of occupational safety guarantees. Policy priorities still tend to focus on physical and financial aspects, while psychosocial support often receives less attention. This indicates room for developing more holistic and humane policies that recognize the psychological impact of outbreak management.

Interaction Between Incentive Policies and Occupational Safety Guarantees in the Political and Legal Context

This study reveals a complex interaction between incentive policies and occupational safety guarantees, both of which are influenced by the dynamics of legal politics. The emergency legal policies reflected in Government Regulation instead of Law (Perppu) No. 1 of 2020 and the Minister of Health's Decree on incentives demonstrate a strong financial priority for motivating health professional at the start of the pandemic. However, these incentive policies were not always balanced with adequate occupational safety guarantees, such as the availability of quality Personal Protective Equipment (PPE) or comprehensive psychological support. There is a tendency within legal politics to respond to the crisis with a "firefighting" approach that focuses more on financial aspects and immediate response, without simultaneously building a robust long-term protection system.

The enactment of Law No. 17 of 2023 concerning Health reflects a shift in legal politics toward a more systemic and preventative approach post-pandemic. This law seeks

to strengthen the overall health framework, including protection for health professional. However, its implementation still requires more detailed and consistent derivative policies.

Legal politics here is moving from ad-hoc responses to institutional capacity building, but this process is still long and requires sustained political commitment. The gap between existing regulations and reality shows that despite the political will to protect health professional, implementation remains hampered by bureaucracy, coordination, and suboptimal resource allocation. This underscores that legal politics is reflected not only in the text of laws but also in practices and resource allocation priorities, which directly impact the conditions of health professional in the field.

Legal politics in Indonesia's response to the outbreak demonstrated adaptability and responsiveness to the crisis (Shulton, 2017), but also had limitations in ensuring holistic protection for health professional. Although incentive policies and occupational safety guarantees have been established, gaps and challenges in their implementation require further attention. This analysis confirms that to ensure optimal protection for health professional in the future, legal policies must go beyond mere emergency responses; they must create a strong, systematic, and integrated legal framework, supported by consistent political commitment and adequate resource allocation.

Conclusion

The government's legal response to the COVID-19 crisis illustrates how emergency policies, driven by urgent needs and executive discretion, became the foundation for incentive schemes and occupational safety guarantees for health professionals. While these measures show a serious commitment, their implementation was hindered by bureaucratic inefficiencies, uneven distribution, and limited capacity to address essential dimensions of protection, particularly mental health support and the provision of adequate PPE.

This study demonstrates that legal policy during a pandemic tends to emphasize rapid financial responses rather than holistic, long-term safeguards. Its main contribution lies in revealing how political and legal dynamics shape both the strengths and the persistent gaps in protecting frontline health workers. The policy implication is clear: legal politics must evolve beyond temporary emergency measures toward a sustainable framework that integrates financial incentives, occupational safety, and psychosocial well-being, supported by consistent political will and resource allocation.

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