

The Role of Legal Norms in Regulating the Obligations of Government and Society to Prevent Infectious Diseases

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ARTICLE INFO

Article history:

Received 12 August 2023

Revised 3 September 2023

Accepted 21 September 2023

Key words:

Legal Norms,
Infectious Disease Prevention,
Government Obligations,
Community Participation,
Public Health.

ABSTRACT

Infectious diseases are a serious challenge to public health that requires effective legal regulation. This study aims to analyze the role of legal norms in regulating the obligations of the government and the community in efforts to prevent infectious diseases. Using a normative juridical approach, this study examines Law No. 17 of 2023 on Health, Minister of Health Regulation No. 82 of 2014 on Communicable Disease Management, and Law No. 6 of 2018 on Health Quarantine. The results of the analysis show that legal norms function to build a multi-layered framework of responsibility between the state and society, emphasize the principle of proportionality in limiting rights, and encourage the realization of a fair and sustainable disease prevention system. Legal norms not only regulate behavior but also form collective awareness to create solidarity in maintaining public health. This research emphasizes the importance of inter-institutional coordination, concrete service provision, and active community participation as a form of implementation of legal norms in the health sector.

INTRODUCTION

As the largest organization that has the authority to regulate the whole of society, the state is in a unique position to provide maximum health services. This authority allows the state to cover all levels of society and legally impose its policies on all other power groups (Arifin, 2023). Thus, the state has the ability to set the goals of the common life through policies that are made and agreed upon. One of these goals is to provide health insurance to its people, including the prevention of dangerous diseases that require quick and effective action from the state. Therefore, the state must prioritize the health of its people and take the necessary steps to ensure that their health needs are met (Asyhadie, 2017). In order to fulfill its obligations, the state must have the ability to identify and address health problems faced by its people. This requires an effective and efficient health system, as well as the ability to allocate the necessary resources to meet the health needs of the community (Marten & Smith, 2017). By doing so, the state can ensure that the health of its people is guaranteed and that they can live healthy and prosperous lives.

Infectious diseases have become a universal threat to global public health, with widespread impacts on medical aspects, and on social,

economic, and political stability (Bloom & Cadarette, 2019). In the history of global public health, epidemics such as tuberculosis, malaria, HIV/AIDS, and the COVID-19 pandemic have shown how fragile health systems can be without strong prevention regulations (Kholikov, 2022). Increased human mobility, climate change, and massive urbanization have further accelerated the spread of infectious diseases across national borders. This phenomenon shows that infectious disease prevention is no longer just a local or national issue, but has become a global problem that demands a structured and systematic legal response.

Infectious disease, also known as infectious disease in medical terms, is a pathological condition caused by biological agents such as viruses, bacteria, or parasites (Disantara, 2020). These agents can be transmitted to others through certain media, such as air, unclean eating and drinking places, needles, and blood transfusions. In medical studies, infectious diseases are distinguished from diseases caused by physical factors, such as burns and impact trauma, or by chemical causes, such as poisoning. This shows that infectious diseases have unique characteristics and require specific treatment (Natta, 2016). In Indonesia, several infectious diseases are major problems that require serious treatment.

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Diarrhea, malaria, dengue hemorrhagic fever, influenza, abdominal typhus, gastrointestinal diseases, and other diseases are examples of infectious diseases that pose a threat to public health (Kanki, 2013). There is a need for effective prevention and treatment efforts to address this problem.

In order to address the problem of infectious diseases, it is necessary to carefully analyze the factors that influence the success of disease management. This includes an analysis of community needs, available resources, and the ability of health institutions to implement prevention and treatment programs (Bartlett, 2014). Effective and efficient measures can be taken to overcome the problem of infectious diseases.

Infectious diseases pose a serious threat to public health in Indonesia. The high prevalence of infectious diseases represents a major challenge in prevention and control (Supriadi, 2001). On a national scale, Indonesia faces serious challenges in communicable disease control. Although various programs have been implemented, the incidence of infectious diseases such as tuberculosis, dengue fever, hepatitis, and acute respiratory infections is still relatively high (Prihandoko et al., 2018). This situation is exacerbated by weak coordination across sectors, low public legal awareness of prevention obligations, and non-uniform implementation of legal norms in various regions (Putri et al., 2022). Cases of failure to report infectious diseases, resistance to immunization programs, and non-compliance with quarantine protocols reflect a serious gap between existing legal regulations and factual implementation in the field. This particular phenomenon suggests that the problem lies in the availability of legal norms, and in the effectiveness of regulating government obligations and active community participation (Ryan et al., 2022).

The main issue that arises is the extent to which legal norms in Indonesia effectively regulate the obligations of the government and society in preventing infectious diseases. There are questions about whether existing regulations are sufficiently binding, proportionate and operational in building prevention systems that are adaptive to the dynamics of health threats. There is the issue of how harmonization between individual rights and public health interests is managed within the Indonesian positive legal framework. These issues are becoming increasingly important given that current global health challenges require the state to have a health law system that is not only reactive, but also proactive and preventive.

The urgency of this research lies in the urgent need to evaluate and strengthen the role of legal norms in ensuring maximum protection of public

health through infectious disease prevention. With the outbreak of new diseases and the increasing risk of health emergencies, the existence of clear, effective, and applicable legal norms is an absolute requirement for the creation of national health security. This research is important to analyze whether the existing legal norms have been able to build a balanced mechanism of obligations between the government and the community, as well as the extent to which these norms can be implemented consistently throughout Indonesia.

Based on this description, the purpose of this study is to analyze the role of legal norms in regulating the obligations of the government and the community to prevent infectious diseases in Indonesia. This research seeks to uncover the normative structure built by Law No. 17 of 2023 on Health, Minister of Health Regulation No. 82 of 2014 on Communicable Disease Management, and Law No. 6 of 2018 on Health Quarantine, and evaluate their effectiveness in realizing an equitable, accountable, and sustainable infectious disease prevention system.

RESEARCH METHOD

This research uses a normative juridical approach, which is a legal research method that examines primary and secondary legal materials as the main basis for analysis. This approach was chosen because the research focused on the study of legal norms that regulate the obligations of the government and the community in preventing infectious diseases, not on empirical practices. Primary legal materials analyzed include Law No. 17 of 2023 on Health, Minister of Health Regulation No. 82 of 2014 on Communicable Disease Management, and Law No. 6 of 2018 on Health Quarantine. Secondary legal materials such as doctrine, health law textbooks, scientific journals, and relevant international provisions such as the 2005 International Health Regulations (IHR) were also reviewed to enrich the legal interpretation used.

The technique of collecting legal materials is carried out through library research, by tracing laws and regulations, legal doctrines, and relevant decisions if needed. This literature study aims to obtain a comprehensive understanding of the concepts, principles, and legal principles governing infectious disease prevention efforts. The analysis is carried out systematically by interpreting legal provisions based on grammatical, systematic, and teleological interpretation methods to understand the normative purpose of the analyzed regulations. The historical interpretation method is used to understand the philosophical background of the establishment of the health law norms.

Data analysis techniques are carried out qualitatively, namely by compiling, classifying, and interpreting legal materials based on the main themes of the research. This qualitative analysis aims to find legal constructions that link the obligations of the government and the community within the framework of public health protection. The validity of legal materials is tested by prioritizing applicable legal regulations and academically recognized doctrines. Thus, this research method is expected to produce legal conclusions that are accurate, systematic, and relevant in explaining the role of legal norms in preventing the spread of infectious diseases.

RESULT AND DISCUSSION

Within the framework of national health development, protecting the public from the threat of infectious diseases is one aspect that cannot be ignored. The existence of regulations that specifically regulate efforts to prevent infectious diseases shows how important legal instruments are in creating public health insurance. The state is not only obliged to provide curative health services, but also bears the juridical responsibility to seek early prevention so that infectious diseases do not develop into outbreaks that threaten the safety of the people (Ghedamu & Meier, 2019).

Infectious diseases, as a crucial public health issue, require serious attention from various aspects of law and public policy. According to Gostin et al. (2020) and Issalillah (2021), public health law provides an important framework for understanding the powers and responsibilities of governments in dealing with infectious disease outbreaks, as seen during the COVID-19 pandemic. Fidler (2021) emphasized that global health jurisprudence faces major challenges in addressing infectious diseases, especially regarding unequal access to health care. Burris et al. (2020) examined the legal response to COVID-19, showing how measures such as stay-at-home orders and business closures can be effective tools in controlling the spread of the disease. Overall, an understanding of the interactions between law, health policy, and infectious diseases is crucial to formulating effective strategies to protect public health. The prevention of infectious diseases is an integral part of the right to health, which in modern law is recognized as part of human rights. For this reason, there is a need for legal norms that are not only declarative, but also binding and operational in protecting the community.

Law No. 17 of 2023 on Health provides an arrangement that is an important foundation in

realizing rights-based preventive protection. This law emphasizes that prevention of infectious diseases is part of the right to health that must be protected by the state. Article 4 states that everyone has the right to health protection, which includes preventive efforts against infectious diseases. This right to health is fundamental because it is directly related to the right to life guaranteed by the constitution. This norm places the state as the main actor legally responsible for ensuring there is no neglect of the threat of infectious diseases. Failure of the state to fulfill preventive obligations can qualify as a form of human rights violation in the health sector. In the framework of international health law, such as the 2005 International Health Regulations (IHR), the principle of the state's obligation to prevent infectious diseases is also recognized as an international norm that must be internalized into national law.

The International Health Regulations (IHR) 2005 is an international legal instrument agreed by member states of the World Health Organization (WHO) to strengthen global capacity to prevent, detect and respond to transboundary public health threats, including infectious diseases. The IHR 2005 places the prevention of infectious diseases as a primary obligation of states, rather than merely a voluntary endeavor. It requires countries to develop, strengthen and maintain core capacities in epidemiological surveillance, laboratory diagnosis, public health response, and border and port management (Abeyratne, 2021). Thus, infectious disease prevention is part of state responsibility in the international legal system that has direct implications for each country's national laws.

In the 2005 IHR, there is a principle that countries are obliged to notify WHO within 24 hours of the initial assessment if there is an event that has the potential to become a Public Health Emergency of International Concern (PHEIC), including emerging infectious diseases. This notification obligation aims to ensure global coordination in preventing the spread of transboundary diseases, as well as reducing the risk of failure in early response at the national level. The 2005 IHR requires countries to have adequate national legal mechanisms to enforce quarantine, isolation, international travel control and other health measures according to international standards (Nuttall, 2014).

The implementation of the IHR 2005 requires states to integrate these principles into the national legal system, either through the establishment of new laws, revision of existing regulations, or administrative adjustments. The principle of preventive obligations

in the IHR is not only declarative at the international level, but must be internalized through binding national legal instruments, as is the case in Indonesia through Law Number 17 of 2023 concerning Health and Law Number 6 of 2018 concerning Health Quarantine. This internalization is important to ensure alignment between international standards and national practices in infectious disease prevention (Suparmin & Miharja, 2022).

On the prevention of infectious diseases, the IHR 2005 also emphasizes the importance of transparency, cooperation between countries, protection of human rights, and evidence-based management of health risks. States are accountable to their citizens, and to the global community, to take all preventive measures that are proportionate, legal and non-discriminatory. As such, the principles in the 2005 IHR expand the scope of states' legal obligations in preventing infectious diseases, making them a national imperative, and a legally binding form of international commitment. Therefore, the prevention of infectious diseases is both a domestic concern and part of a global commitment to safeguarding public health. Domestic legal norms, as reflected in Law 17/2023, strengthen Indonesia's position as a country that respects, protects, and fulfills the right to health for all its citizens.

Article 11 paragraph (1) of Law No. 17 of 2023 states that health provision includes promotive, preventive, curative, and rehabilitative efforts. Promotive and preventive efforts here normatively strengthen the legal basis for the obligation to prevent infectious diseases, not just as an optional program, but a legal mandate that must be implemented. This obligation implies that the state must allocate adequate resources for immunization programs, health education, and disease surveillance. In the perspective of state administrative law, neglect of promotive and preventive aspects can be the basis for civil lawsuits and administrative claims against the government. This model of state responsibility is in line with the principle of good governance, which emphasizes rights-based public services, not mercy. The affirmation in the article also shows that public health is not just a health sector matter, but a cross-sectoral agenda that must be supported by consistent regulations and legal actions. Thus, the legal norms in Article 11 paragraph (1) establish a legal framework that integrates health in all policies.

Article 62 of this Law requires the government to develop an effective epidemiological surveillance system. This obligation is not only administrative,

but also normative because non-compliance with the implementation of surveillance can have implications for violations of the public's right to health. Epidemiological surveillance in this norm is not just data collection, but a legal mechanism for early detection, risk analysis, and the establishment of evidence-based preventive measures. The inability to establish an adequate surveillance system can be classified as a form of state negligence that has a serious impact on public health security. In international practice, epidemiological surveillance is recognized as a mandatory instrument in public health protection schemes as affirmed in the IHR 2005. Enforcement of this obligation must also be accompanied by guarantees of data integrity, transparency of reporting, and protection of the privacy of the individuals involved. Thus, the norm in Article 62 makes it clear that epidemiological surveillance is a legal obligation that binds the government as a concrete form of protection of the right to health.

Minister of Health Regulation No. 82/2014 on Communicable Disease Management regulates more technically the obligations of the government and health facilities. Article 4 of this regulation requires health care facilities to report cases of infectious diseases to the local health office. This reporting obligation is a manifestation of the principle of information disclosure in health law to accelerate countermeasure response. Non-fulfillment of reporting obligations can lead to legal liability, both in the form of administrative sanctions and criminal action under certain conditions. This norm also reflects the preventive principle in health law which emphasizes the importance of early intervention before a disease develops into an epidemic or pandemic. In the modern health law system, mandatory reporting is considered an integral part of the duties of health professionals who are protected and at the same time required by law. Therefore, the obligation in Article 4 of the Permenkes is a critical element in the collective effort to legally and scientifically control the spread of infectious diseases.

Article 6 of the Permenkes also states that local governments are obliged to carry out prevention efforts through early detection, treatment, isolation, and immunization. This norm makes it clear that local governments do not have the discretion to ignore these obligations, but must actively implement preventive measures based on legal provisions. This obligation reinforces the principle of asymmetric decentralization in health provision, where regional autonomy brings the consequence of

direct responsibility for the health of the local community. The implementation of early detection and mandatory immunization efforts reflects the principle of universality in health services, which means that all residents without discrimination must have equal access to preventive measures. The norm also emphasizes that failure of local governments to fulfill these obligations may implicate administrative and political liability. Therefore, Article 6 of Permenkes 82/2014 serves as a strengthening mechanism for local government accountability in the realm of preventive health law.

Legal norms also regulate community involvement. Article 17 of Law Number 17 Year 2023 emphasizes that every individual is obliged to maintain and improve their health status. This obligation places the community not only as an object of legal protection, but as an active legal subject in the prevention of infectious diseases. Community participation in disease prevention is part of the principle of co-responsibility in health law, which requires collective involvement between the state and citizens. This norm expands the conception of the right to health by integrating elements of individual obligations to behave healthily and prevent transmission. In legal practice, non-compliance with this obligation can be the basis for the application of administrative sanctions or restrictions on certain rights during a health emergency. Therefore, Article 17 not only contains moral value, but is also juridically binding in shaping a responsible public health legal culture.

Law No. 6/2018 on Health Quarantine emphasizes arrangements in extraordinary situations. Article 4 states that in the event of a health emergency, the government is obliged to implement quarantine to prevent the spread of disease. This norm builds a strong legal basis for the state to take action to restrict individual freedom in the public interest. The principle of *salus populi suprema lex esto* becomes a philosophical footing, where the safety of the people takes precedence over individual interests in health emergency situations. The establishment of quarantine as a legal obligation of the state shows that prevention efforts should not depend on political considerations alone, but must be carried out as a juridical consequence. Under Indonesian positive law, this norm confirms the supremacy of public health protection in the hierarchy of legal interests. Thus, Article 4 of Law 6/2018 confirms that quarantine measures are the legal expression of collective protection against the threat of infectious diseases.

Article 9 of the Health Quarantine Law requires everyone to comply with the implementation of quarantine. This provision expressly binds all citizens without exception, showing the principle of universality of legal obligations in dealing with health threats. Violation of this obligation may be subject to administrative sanctions in the form of fines or criminal sanctions as stipulated in the criminal provisions of the Quarantine Law. This norm internalizes the principle of legality in limiting rights, namely that any restriction of freedom must have a clear and proportional legal basis. This arrangement also reflects the principle of collective duty in health law, where the success of infectious disease prevention depends on the legal compliance of all parties. Thus, Article 9 strengthens the legal structure of infectious disease prevention through a normative approach that balances individual rights and community protection.

A juridical analysis of the three regulations shows that legal norms work at three layers: first, regulating the obligations of the central and local governments; second, regulating the rights and obligations of the community; third, regulating emergency mechanisms in extraordinary situations (Buijze et al., 2018). These three layers create a comprehensive legal system for infectious disease management. This multilayered approach emphasizes the principle of interdependence between the state and citizens in the protection of public health (Losev et al., 2019). In constitutional law theory, this multilayered structure shows the characteristics of health law as a branch of law that is adaptive to social dynamics (Phelan & Gostin, 2017). Each layer of legal norms must be implemented consistently to form a synergy between state authority and public legal awareness (Heimer & Davis, 2022). Thus, the legal norms structured in these three layers strengthen the national legal building in facing the threat of infectious diseases in a preventive, responsive and adaptive manner.

The legal obligation for the government lies in policy making, and in the provision of concrete services, such as immunization facilities, isolation services for infectious patients, and health education to the public (Hong, 2011). This is in line with the principle of effectiveness in administrative law, which requires government actions to produce tangible impacts for the protection of public rights. Legal norms demand active proof from the state that promotive and preventive obligations have been factually implemented, not limited to policy declarations (Kocañda, & Zarebska-Michaluk, 2022).

In social rights theory, the concrete implementation of the right to health shows the transition of rights from mere normative recognition to juridically enforceable rights (Nazarko et al., 2019). Service provision obligations are also a key indicator in testing government accountability to citizens' constitutional rights (Serdiuk & Vangorodska, 2022). Thus, in the scope of infectious disease prevention, concrete service provision is a tangible manifestation of legal norms oriented towards the fulfillment of human rights.

Community obligations in legal norms reflect the principle of active citizenship. Prevention of infectious diseases is not only the burden of the government, but is a shared responsibility that must be carried out with legal awareness (Hendarsyah, 2022). This norm internalizes the concept of civic duty in the health sector, where individuals are expected to take an active role in maintaining the health of themselves and their environment. From a health law perspective, community participation strengthens the effectiveness of regulations through the formation of law-abiding collective behavior. Community non-compliance with prevention obligations can undermine the overall effectiveness of legal norms and pose a risk of systemic failure in disease control. Therefore, the norm on community obligations has a strategic position in health law, because its success determines the creation of community immunity (herd immunity) and national health resilience.

The regulated legal norms also contain the principle of proportionality. Any restrictions on individual rights for disease prevention purposes, such as isolation or quarantine, must be legal, necessary and proportionate to the health threat faced (Romashko, 2022). This principle is an embodiment of the principle of due process of law, which demands that any state intervention on citizens' rights is subject to the test of legality, necessity, and balance (Kim, 2023). In global health law, proportionality is key to ensuring that public health measures do not turn into human rights violations. This norm also encourages periodic evaluation of the effectiveness and impact of restrictions imposed, to avoid abuse of state power (Cohen & Zlotogorski, 2021). The principle of proportionality serves as the guardian of the balance between the protection of public health and respect for the basic rights of individuals in the national legal system.

Normatively, Minister of Health Regulation No. 82/2014 functions as an implementing instrument to further elaborate the general norms in the Health Law. The relationship between the law and ministerial regulations reflects the principle of *lex specialis derogat legi generali*, where the technical provisions in the Permenkes complement the

general arrangements in the law. This technical instrument provides legal certainty for implementers in the field, while preventing a legal vacuum in daily administrative actions. In the health administration law system, implementing regulations such as Permenkes 82/2014 are an integral part of law-based health governance. This norm ensures that infectious disease prevention can be operationalized in a systematic, uniform, and accountable manner throughout Indonesia. Thus, the presence of this Permenkes not only complements, but also strengthens the effectiveness of health law implementation nationally.

Enforcement of legal norms on the obligation to prevent infectious diseases requires inter-agency coordination and active community participation. In modern administrative law principles, coordination across sectors is key to realizing the effectiveness of legal norms in the health sector. Lack of coordination can lead to overlapping authority, waste of resources, and weakening of infectious disease prevention efforts. Community participation in supporting legal norms also reflects a bottom-up approach to health law implementation, where individual behavior change is a vital component in policy success. Multi-stakeholder collaboration demonstrates the practice of the principle of subsidiarity, which states that health issues should be addressed by those closest to citizens, to the extent possible. The successful enforcement of legal norms in infectious disease prevention depends on the harmony of state action and collective public awareness built on a solid legal foundation.

Legal norms act not only as instruments for regulating behavior, but also as a means of building collective awareness and accountability mechanisms in the prevention of infectious diseases. Legal norms serve to establish standards of social behavior that are in line with public health needs through the establishment of firm rights and obligations. Accountability mechanisms, both through administrative oversight and legal sanctions, ensure that any violations of prevention obligations are recognized and legitimately dealt with. The collective consciousness shaped by legal norms also contributes to the formation of social solidarity in the face of infectious disease threats. In legal systems theory, this role of legal norms shows that the law does not only control behaviour through the threat of sanctions, but also through the internalization of health values as part of the legal culture of the community. Thus, legal norms become the main foundation for the creation of an infectious disease prevention system that is sustainable, fair, and responsive to the development of community dynamics.

CONCLUSION

Legal norms play a central role in shaping the framework of government and community obligations to prevent infectious diseases. Law No. 17 of 2023 on Health, Minister of Health Regulation No. 82 of 2014 on Communicable Disease Management, and Law No. 6 of 2018 on Health Quarantine together establish a strong juridical foundation in disease prevention efforts. The norms regulate the state's obligation to provide promotive and preventive services, while placing the community as an active legal subject in maintaining health.

The implementation of this norm requires cross-sectoral policy harmonization, administrative compliance, and conscious community participation based on the principles of proportionality and accountability. Legal norms not only aim to limit behavior, but also encourage the internalization of health values as part of the legal culture of society. By building a legal system that is adaptive and responsive to the dynamics of infectious diseases, Indonesia can strengthen national health resilience and maintain the right to health as a fundamental human right.

REFERENCES

- Amalya, A. R. (2020). *Prinsip Ekstrateritorial Dalam Penegakan Hukum Persaingan Usaha*. <https://doi.org/10.36312/JIME.V6I1.1125>
- Abeyratne, R. (2021). *Public Health and the Law*. https://doi.org/10.1007/978-3-030-80885-3_7
- Afriko, J. (2016). *Hukum Kesehatan (Teori dan Aplikasinya)*. Bogor: In Media.
- Arifin, J. (2023). Peran pemerintah dalam meningkatkan kesehatan dan pencegahan penyakit menular. *Jurnal Yustitia*. <https://doi.org/10.31943/yustitia.v9i1.172>
- Arsil, F., & Ayuni, Q. (2020). Model Pengaturan Kedaruratan dan Pilihan Kedaruratan Indonesia dalam Menghadapi Pandemi Covid-19. *Jurnal Hukum dan Pembangunan*, 50(2).
- Asshiddiqie, J., & Matompo, O. S. (2014). Pembatasan terhadap Hak Asasi Manusia dalam Perspektif Keadaan Darurat. *Jurnal Media Hukum*, 21(1).
- Asyhadie, Z. (2017). *Aspek-Aspek Hukum Kesehatan di Indonesia*. Depok: Rajawali Pers.
- Bartlett, J. G. (2014). Why Infectious Diseases. *Clinical Infectious Diseases*. <https://doi.org/10.1093/CID/CIU441>
- Bloom, D. E., & Cadarette, D. (2019). Infectious disease threats in the twenty-first century: Strengthening the global response. *Frontiers in Immunology*. <https://doi.org/10.3389/FIMMU.2019.00549>
- Buijze, A., Salet, W., & van Rijswijk, M. (2018). *How to Contextualize Legal Norms in Practices of Sustainable Development? Distinguishing Principles, Rules and Procedural Norms*. <https://doi.org/10.4324/9781315111230-13>
- Burris, S., de Guia, S., Gable, L., Levin, D.E., Parmet, W.E., & Terry, N.P. (2020). Assessing Legal Responses to COVID-19. *Journal of Law, Medicine & Ethics*, 48(3), 411-486.
- Cohen, A., & Zlotogorski, D. (2021). *Proportionality in International Humanitarian Law: Consequences, Precautions, and Procedures*. <https://doi.org/10.1093/OSO/9780197556726.001.0001>
- Disantara, F. P. (2020). Tanggung Jawab Negara Dalam Masa Pandemi Covid-19. *JCH (Jurnal Cendekia Hukum)*, 6(1).
- Fidler, D.P. (2021). Global Health Jurisprudence: A Time of Reckoning. *Georgetown Law Journal*, 109(4), 743-805.
- Gable, L., Gostin, L.O., & Hodge, J.G. (2020). Mental Health as a Human Right. Oxford University Press, Oxford, UK. Gostin, L.O., Hodge, J.G., & Wiley, L.F. (2020). *Public Health Law: Power, Duty, Restraint*. *The Lancet*, 396(10244), 94-96.
- Ghedamu, T., & Meier, B. M. (2019). Assessing National Public Health Law to Prevent Infectious Disease Outbreaks: Immunization Law as a Basis for Global Health Security. *Journal of Law Medicine & Ethics*. <https://doi.org/10.1177/1073110519876174>
- Gostin, L. O. (2008). *Public Health Law: Power, Duty, Restraint*. Berkeley: University of California Press.
- Gostin, L.O. & Wiley, L.F. (2020). Governmental Public Health Powers During the COVID-19 Pandemic: Stay-at-home Orders, Business Closures, and Travel Restrictions. *JAMA*, 323(21), 2137-2138.
- Heimer, C. A., & Davis, C. (2022). Good Law to Fight Bad Bugs: Legal Responses to Epidemics. *Annual Review of Law and Social Science*. <https://doi.org/10.1146/annurev-lawsocsci-050420-113513>
- Hendarsyah, F. (2022). Legal protection of medical and health personnel in the implementation of covid-19 vaccination. *Cepalo*. <https://doi.org/10.25041/cepalo.v6no2.2706>
- Hong, L. (2011). Role and Function of Government in the Community Health Services Development: Shanghai Experience. *Fudan Journal*.
- Illahi, B.K., & Haykal. (2021). Prinsip dan Dinamika Hukum Keuangan Negara Darurat dalam Penanggulangan Pandemi Covid-19. *Jurnal Rechtsvinding*, 10(1).

- Issalillah, F. (2021). Pandemic Covid 19, Social Psychology, and Pregnancy: Relatedness and Analysis, *Journal of Social Science Studies*, 1(1), 1-10.
- Kanki, P. J. (2013). *Infectious Diseases, Introduction*. https://doi.org/10.1007/978-1-4614-5719-0_1
- Khayru, R.K. (2021). Opinions about Consumer Behavior during the Covid-19 Pandemic, *Journal of Social Science Studies*, 1(1), 31-36.
- Kholikov, I. V. (2022). Theoretical and legal characteristics of modern global challenges and threats in the field of healthcare. *Актуальные Проблемы Государства и Права*. <https://doi.org/10.20310/2587-9340-2022-6-4-547-555>
- Kim, H. C. (2023). The Proportionality Principle as a Reviewing Standard of Constitutionality. *Gongbeob Nonchong*. <https://doi.org/10.46751/nplak.2023.19.1.125>
- Kocańda, K., & Zarebska-Michaluk, D. (2022). Obligation Is Not a Compulsion – The Quality of the Law and the Effectiveness and Safety of Vaccination against COVID-19. *International Journal of Environmental Research and Public Health*. <https://doi.org/10.3390/ijerph192114003>
- Kurnia, T. S. (2007). *Hak Atas Derajat Kesehatan Optimal Sebagai HAM di Indonesia*. Bandung: PT Alumni.
- Losev, F. F., Vagner, V. D., & Sorokina, A. (2019). *Legislative framework and legal regulation of dental care organization to patients with infectious diseases*. <https://doi.org/10.17116/STOMAT2019980214>
- Mariner, W.K. & Annas, G.J. (2020). *Public Health Law* (3rd ed.). LexisNexis, New York, NY.
- Marten, R., & Smith, R. D. (2017). State Support: A Prerequisite for Global Health Network Effectiveness Comment on “Four Challenges that Global Health Networks Face.” *International Journal of Health Policy and Management*. <https://doi.org/10.15171/IJHPM.2017.86>
- Natta, A. (2016). Infectious Disease: An Overview of its Causes, Symptoms and Treatment. *Research and Reviews: Journal of Medical and Health Sciences*.
- Nazarko, Y., Iliashko, O., & Kaminska, N. V. (2019). Implementation of the right to health care in the countries of the European Union. *Wiadomości Lekarskie (Warsaw Poland)*. <https://doi.org/10.36740/WLEK201907120>
- Nuttall, I. (2014). International Health Regulations (2005): taking stock. *Bulletin of The World Health Organization*. <https://doi.org/10.2471/BLT.14.138990>
- Peraturan Menteri Kesehatan Nomor 82 Tahun 2014 Tentang Penanggulangan Penyakit Menular.
- Phelan, A., & Gostin, L. O. (2017). Law as a fixture between the One Health interfaces of emerging diseases. *Transactions of The Royal Society of Tropical Medicine and Hygiene*. <https://doi.org/10.1093/TRSTMH/TRX044>
- Prihandoko, A. R. N., Mufni, A., Muhammad, N. Y. P., & R., A. D. (2018, October 1). *Analysis of Disease Data in Indonesia by Using SAW and AHP Decision Support Methods*. <https://doi.org/10.1109/IAC.2018.8780438>
- Putri, E. Y. P., Mulyanti, D. A., & Umayah, E. (2022, August 5). Kajian Potensi Penyebaran Mikroorganisme Patogen Penyebab ISPA dan Diare Berdasarkan Kondisi Geografis dan Demografis Wilayah Indonesia. *Bandung Conference Series: Pharmacy*. <https://doi.org/10.29313/bcsp.v2i2.4676>
- Romashko, A. (2022). The adherence to the principle of proportionality in case of emergency. *Al'manah Prava*. <https://doi.org/10.33663/2524-017x-2022-13-64>
- Ryan, L. M., Mahmood, M. A., Mufiddah, I., Yulianti, M., & Laurence, C. O. (2022). Concomitant illnesses in pregnancy in Indonesia: A health systems analysis at a District level. *PLOS ONE*. <https://doi.org/10.1371/journal.pone.0279592>
- Serdiuk, N., & Vangorodska, G. (2022). Human rights in the context of implementing health reform. *Naukovij Visnik Užgorod's'kogo Naciional'nogo Universtitetu*. <https://doi.org/10.24144/2307-3322.2021.69.11>
- Siswati, S. (2013). *Etika dan Hukum Kesehatan dalam Perspektif Undang-Undang Kesehatan*. Jakarta: Rajawali Pers.
- Suparmin, E., & Miharja, M. (2022). Ketentuan Pasal 93 Undang-Undang Nomor 6 Tahun 2018 Tentang Keekarantinaan Kesehatan Ditinjau Dari Hukum Pidana Indonesia. *JISIP (Jurnal Ilmu Sosial Dan Pendidikan)*. <https://doi.org/10.36312/jisip.v6i3.3237>
- Supriadi, W. C. (2001). *Hukum Kedokteran*. Bandung: Mandar Maju.
- Ta'adi. (2013). *Hukum Kesehatan: Sanksi dan Motivasi bagi Perawat*. Jakarta: Buku Kedokteran EGC.
- Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan.
- Undang-Undang Nomor 6 Tahun 2018 tentang Keekarantinaan Kesehatan.
- World Health Organization. (2005). *International Health Regulations (IHR) 2005*. Geneva: WHO Press.