RESEARCH:

The Role of the National Commission on Human Rights of the Republic of Indonesia related to the Impact of COVID-19 Pandemic on Human Rights and Sustainable Development Goals in Indonesia

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Komnas HAM

2021

Research: The Role of the National Commission on Human Rights of the Republic of Indonesia related to the Impact of COVID-19 Pandemic on Human Rights and Sustainable Development Goals in Indonesia

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Policy Brief entitled "The Role of the National Commission on Human Rights of the Republic of Indonesia related to the Impact of COVID-19 Pandemic on Human Rights and Sustainable Development Goals in Indonesia" and matrix entitled "Intersection between the Contents of the National Commission on Human Rights' Highlights on COVID-19 and the Sustainable Development Goals" are made based on this research and are inseparable from this research.

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TABLE OF SELECTED ABBREVIATIONS

HAM	Human Rights (*Hak Asasi Manusia*)
HAT	Land Titles (*Hak Atas Tanah*)
HRBA	Human Rights-Based Approach
ICESCR	International Covenant on Economic, Social, and Cultural Rights
ICCPR	International Covenant on Civil and Political Rights
Kemendikbud	The Ministry of Education and Culture (*Kementerian Pendidikan dan Kebudayaan*)
Kemenkumham	The Ministry of Law and Human Rights (*Kementerian Hukum dan Hak Asasi Manusia*)
KPAI	Indonesian Child Protection Commisssion (*Komisi Perlindungan Anak Indonesia*)
Komnas HAM RI	The National Commission on Human Rights of the Republic of Indonesia (*Komisi Nasional Hak Asasi Manusia Republik Indonesia*)
NHRIs	National Human Right Institutions
ODP	Person Under Supervision (*Orang Dalam Pemantauan*)
PBB	United Nations (*Perserikatan Bangsa-Bangsa*)
PCR	Polymerase Chain Reaction
PDP	Patients Under Surveillance (*Pasien Dengan Pengawasan*)
PHK	Termination of Employment Relationship (*Pemutusan Hubungan Kerja*)
PSBB	Large-Scale Social Restrictions (*Pembatasan Sosial Berskala Besar*)
Satgas COVID-19	Task Force for the Mitigation of COVID-19 (*Satuan Tugas Penanganan COVID-19*)
UU	Law (*Undang-Undang*)
TPB	Sustainable Development Goal (*Tujuan Pembangunan Berkelanjutan*)

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FOREWORD

The Covid-19 pandemic, which has been going on since at least March 2020, has had a very broad and massive impact on the fulfillment and protection of human rights, even with the targets set by the Government of Indonesia in achieving the Sustainable Development Goals (SDGs).

Research conducted by the National Human Rights Commission (Komnas HAM) with support from the Danish Institute of Human Rights (DIHR) on "**The Role of the National Commission on Human Rights of the Republic of Indonesia related to the Impact of COVID-19 Pandemic on Human Rights and Sustainable Development Goals in Indonesia"** aimed to see the role of the National Human Rights Commission in encouraging the management of the Covid-19 response from a human rights perspective and in relation to the impact of Covid-19 on the targets for achieving SDGs.

The findings of this research confirm that ignoring human rights principles in dealing with the Covid-19 pandemic has an impact on the SDGs agenda. On the other hand, ignoring the SDGs as a framework has an impact on the fulfillment and protection of human rights. Komnas HAM has the authority to ensure that the state pays attention to human rights principles and the SDGs agenda in dealing with the Covid-19 pandemic. The role and authority of Komnas HAM as regulated in Law No. 39/1999 on Human Rights is demonstrated through the authority to provide recommendations to the government and the House of Representatives where this is intersected with at least 7 Goals in the SDGs.

The COVID-19 pandemic has not yet ended, demanding more attention to human rights principles and the SDGs agenda, based on the principle of not leaving anyone behind, the need for reform of social protection policies, or guaranteeing citizens' health rights by overcoming the unequal distribution of health workers. The seven goals in the SDGs that have been discussed are a reflection of how the achievement of the SDGs in various sectors faces serious obstacles and challenges. Especially in the midst of increasing cases of people who have been affected or died due to Covid-19 since June 2021, it is very visible how the management of the Covid-19 response must continue to be improved from various sides so that the handling of the Covid-19 pandemic becomes more effective and accountable.

Thus, this research is very relevant to the current conditions and situation of increasing Covid-19 cases as well as the agenda for reporting on the achievement of the SDGs in the Voluntary National Review scheme which will be followed by the Government of Indonesia in 2021. It is hoped that this research will become the basis for Komnas HAM and stakeholders on how the principles of and human rights norms make a positive and constructive contribution in achieving the SDGs and overcoming the Covid-19 pandemic.

Komnas HAM would like to thank Komnas HAM personnel, especially the Study and Research Division who involved in this research, namely Mimin Dwi Hartono, Okta Rina Fitri, and Ronny Josua Limbong. The same applies to the research team coordinated by Alghiffari Aqsa and Andhy Panca Kurniawan, consisting of Roy Thaniago, Hamong Santoso, Fidela Gracia, and Handa S. Abidin. Komnas HAM would also like to thank DIHR for their support in this research, in particular to Sille Stiedsen who was directly involved in the planning and implementation of this research on behalf of DIHR.

Jakarta, 8 July 2021

Sandrayati Moniaga

Commissioner for Study and Research

1. INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic in Indonesia has been going on for 11 months since President Joko Widodo officially announced the first two Indonesians who have confirmed positive for the virus on 2 March 2020.[1] When this research was written in early February 2021, more than 1.18 million people were infected, and 32 thousand others died.[2]

Besides resulting in casualties, the COVID-19 pandemic affected Indonesian society in many other ways as well. Among other things, increasing unemployment, a higher poverty rate, and a greater number of school dropouts. In Indonesia, the unemployment rate increased to 7.07%, the poverty rate rose to 9.7%, and 983 children dropped out of school.[3] Secretary-General of the United Nations (UN), Antonio Guterres stated that the COVID-19 pandemic is not only a health emergency but also a "social, economic and human crisis that finally turns into human rights crisis."[4]

Consequently, the COVID-19 pandemic affects the implementation of the 2030 Agenda for Sustainable Development Goals (SDGs). *The Sustainable Development Goals Report 2020* published by The United Nations indicated concrete impacts on all 17 SDGs. In Indonesia, Migrant Care also published a report on the same issue.[5]

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1 "Presiden Jokowi Tegaskan Keseriusan Pemerintah Tangani Wabah Korona", Kementerian Sekretariat Negara Republik Indonesia, published on 02 March 2020, https://www.setneg.go.id/baca/index/presiden_jokowi_tegaskan_keseriusan_pemerintah_tangani_wabah_korona.

2 "Peta Sebaran", Satgas COVID-19, published on 10 February 2021, https://covid19.go.id/peta-sebaran.

3 Increasing unemployment and poverty in Indonesia, see: "COVID-19 Pandemic: Impact on National Development and SDGs" as the presentation that was presented by Diani Sadia Wati, Staf Ahli Menteri Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional Republik Indonesia (Bappenas RI), in the 2020 Human Rights Festival, 17 December 2020. School dropouts in Indonesia due to the COVID-19 pandemic, see: "UNICEF Indonesia dalam Peluncuran Strategi Nasional Penanganan Anak Tidak Sekolah (ATS)" and Diseminasi Nasional Hasil Monitoring ATS that was held virtually via Bappenas RI YouTube account, 23 December 2020, https://www.youtube.com/watch?v=yRN2DM0uBcE.

4 António Guterres, "We are all in this Together: Human Rights and COVID-19 Response and Recovery", United Nations, published on 23 April 2020, https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and.

5 Hamong Santono, Safina Maulida, dan Wahyu Susilo, "Pandemi COVID-19: Tantangan Nyata Tujuan Pembangunan Berkelanjutan di Indonesia", Migrant Care, published on 30 September 2020, https://migrantcare.net/2020/09/pandemi-covid19-tantangan-nyata-tpb-di-indonesia/.

Therefore, the role of the state in responding to and mitigating COVID-19, while also staying focused on realizing the 2030 Agenda and the SDGs, should be monitored.[6] The commitment of state leaders to create a more equitable and sustainable world, as stated in *Transforming Our World: The 2030 Agenda for Sustainable Development*, needs to be heralded.[7]

Human rights values and principles need to be at the centre of the response to and mitigation of the COVID-19 pandemic, as well as the monitoring of the 2030 Agenda for Sustainable Development. Since the state is obliged under international law to respect, protect, and fulfill human rights,[8] and the realization of human rights is an overarching vision of the SDGs.[9] During the COVID-19 pandemic, it is therefore important to ensure that the mitigation efforts are based on human rights values, norms and principles. The importance of a human rights perspective in the mitigation of COVID-19 is also reflected in a UN statement, as follows:

> This is not the time to neglect human rights; it is the time when, more than ever, human rights are required to navigate us in a way that will allow us, as soon as possible, to refocus on achieving equitable, sustainable development and maintaining peace."[10]

Furthermore, the UN recorded three areas of concern that deserve the most attention amid the efforts to mitigate the COVID-19 pandemic: (1) The right to life and the duty to protect life, (2) the right to health and access to healthcare, and (3) Impact of restrictions on free movement.[11] Meanwhile, according to the National Commission on Human Rights of the Republic of Indonesia (*Komnas HAM RI*), which has been encouraging human rights-based governance of mitigation (*Tata Kelola Penanggulangan*), many other areas of concern, then what have been stated by the UN above, have been identified. Among other things, the impact on the right to work, the right to worship, the right to education, and the rights of vulnerable groups, such as persons with mental disabilities.[12]

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6 Komnas HAM RI views that the COVID-19 is a global pandemic that threatens public health, so that in an emergency situation, the President as the head of state and the highest authority has extraordinary authority in responding to this emergency condition. It is regulated in Article 12 and Article 22 paragraph (1) of the 1945 Constitution of the Republic of Indonesia. See: "Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM," Komnas HAM RI, published on 01 October 2020, https://www.komnasham.go.id/files/20201012-tata-kelola-penanggulangan-covid-$RNP.pdf., (Furthermore: "Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM"), 6.

7 See: "Transforming Our World: The Agenda 2030 for Sustainable Development", United Nations, published on 21 October 2015, https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E.

8 See: Maidah Purwanti, "Kewajiban dan Tanggung Jawab Negara dalam Pemenuhan Hak Asasi Manusia", Kementerian Hukum dan HAM, accessed on 23 February 2021, https://lsc.bphn.go.id/artikel?id=365.

9 See: Ibid., Introduction, Number 3, 3/35.

10 "COVID-19 and Human Rights: We are all in this together", United Nations, published on 23 April 2020, https://www.un.org/victimsofterrorism/sites/www.un.org.victimsofterrorism/files/un_-_human_rights_and_covid_april_2020.pdf., 2.

11 Ibid., 4.

12 See: "Komnas HAM Dorong Penanganan COVID-19 Melalui Kebijakan Berbasis HAM dan Sains", Komnas HAM RI, published on 22 May 2021, https://www.komnasham.go.id/index.php/news/2020/5/22/1410/komnas-ham-dorong-penanganan-covid-19-melalui-kebijakan-berbasis-ham-dan-sains.html.

Meanwhile, Amnesty International stated that:

> Human rights should be at the center of COVID-19 prevention, preparedness, containment, and treatment measures, in order to protect public health and support people at the highest risk of being infected. Amnesty International Indonesia has concerns regarding the response of the Indonesian Government to the pandemic, specifically regarding the rights of health and other workers, the right to information, and the right to freedom of expression and opinion.[13]

Based on that situation, the presence of Komnas HAM RI becomes relevant considering the institution has a closely related function with the mitigation of COVID-19, human rights, and SDGs. Komnas HAM RI has an important role to ensure that the state, in carrying out its duties, is being guided by human rights values, norms, and principles. Based on Article 76 paragraph (1) jo. Article 89 paragraph (1) of Law Number 39 of 1999 on Human Rights ("Human Rights Law"), Komnas HAM RI has the authority to provide recommendations to the government to be used as considerations and a foundation in making policies and decisions so that *Tata Kelola Penanggulangan* COVID-19 is carried out in accordance with human rights standards, norms, and principles, as well as discussing various problems that are related to the protection, enforcement, and advancement of human rights.[14] Meanwhile, Article 75 of the Human Rights Law states that the existence of Komnas HAM RI aims to:

> (a) create conducive conditions for human rights enforcement based on Pancasila, the 1945 Constitution, the United Nations Charter, and the Universal Declaration of Human Rights; and, (b) improve human rights enforcement and protection in the interests of the personal development of Indonesian people as a whole and their ability to participate in various aspects of life".[15]

Furthermore, in the framework of implementing and achieving the SDGs, National Human Rights Institutions (NHRIs) in each country, such as Komnas HAM RI, are encouraged to play a role as a stepping-stone for stakeholders. In practice, NHRIs are intended to :

> First, develop tools, guidance, and knowledge that promote the using of an HRBA (Human Rights-Based Approach) in the implementation and evaluation of the 2030 Agenda for SDGs; Second, assist in defining national indicators and system of national data collection, based on existing report and monitoring mechanism of national and international human rights issues; Third, monitor progress at the local, national, regional and international levels and disclose inequality and discrimination, through an innovative and participatory approach of data collecting;

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13 "COVID-19 and Its Human Rights Impact in Indonesia", Amnesty International, dipublikasi pada April 2020 (tanpa tanggal), https://www.amnesty.id/wp-content/uploads/2020/05/Amnesty-International-Indonesia-COVID-19-Brief-ENG..pdf., 13.

14 Ibid., "Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM", (n.6), 2.

15 Law Number 39 of 1999 on Human Rights established on 23 September 1999, promulgated on 23 September 1999) (Hereafter referred to as referred to as: Law Number 39/1999 on Human Rights), Article 75.

> Fourth, promote transparent and inclusive participation and consultation in the national strategies arrangement to achieve the SDGs, by involving those left behind, as well."

In its role to make recommendations and monitor human rights advancement, Komnas HAM RI has initiated several things related to the mitigation of COVID-19. First, conducted research entitled *Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM* (*Countermeasures Management Against COVID-19 in a Human Rights Perspective)*. This research contains Komnas HAM RI's analysis on the implementation of policies or programs conducted by the government as part of the efforts to mitigate COVID-19. Second, prepared a Position Paper and Recommendations on Human Rights Perspectives Policy which was submitted to President Joko Widodo on 30 March 2020.[16]

Understanding and emphasizing the role of National Human Rights Institutions (NHRIs) such as Komnas HAM RI, is essential in an uncertain situation such as the ongoing COVID-19 pandemic. Komnas HAM RI's mandate is clearly stipulated in the Human Rights Law and includes the authority to monitor the human rights situation in the country, and advising the government on how to align policy, programming, and administrative practice with international human rights standards.[17] Against such background, this research aims to figure out Komnas HAM RI's role in the context of the COVID-19 pandemic, by looking at how its observations and recommendations bear relevant for Indonesia's work with the Sustainable Development Goals, considering that the pandemic also had impacts on the progress in achieving the goals.

By contextualizing Komnas HAM RI's work in the spectrum of the SDGs, this research is expected to elaborate its role from a broader and multi-dimensional approach. Practically, this research looks at the SDGs, and their embedded human rights values, norms, and principles, and aims to give assistance to Komnas HAM RI in identifying areas in which the SDGs can serve as a framework for its dialogue with the government. Moreover, so far, there has been no research in the Indonesian context that has tried to see the COVID-19 pandemic in the framework of human rights and SDGs at once. This research was undertaken to fill the gap.

1.1. Research Questions

1. How to understand the role and function of Komnas HAM RI amid the COVID-19 pandemic, through the SDGs framework?
2. What SDGs and targetsintersect with Komnas HAM's oberservations on the human rights implications of the COVID-19 pandemic? And how can Komnas HAM RI's mandate and authority serve to support the government in responding to and mitigating the impacts of the COVID-19 crisis?

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16 "Kontribusi Nyata Komnas HAM RI dalam Penanganan Pandemi Covid-19", Komnas HAM RI, published on 5 May 2020, https://www.komnasham.go.id/index.php/news/2020/5/5/1384/kontribusi-nyata-komnas-ham-dalam-penanganan-pandemi-covid-19.html.

17 See the existence, purpose, function, membership, principles, completeness, duties and authority of Komnas HAM RI in Law Number 39/1999 on Human Rights.

1.2. Research Method

In order to identify Komnas HAM RI's works that intersect with the SDGs, this study uses *Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM* (hereafter referred to as *Tata Kelola*) document as the main object. The report provides a portrait of Komnas HAM RI's attitude and views regarding the mitigation of the COVID-19 pandemic by the government. Assuming that Komnas HAM RI's role is sufficiently presented in this report so that it is adequate as a source of the initial information for the study. However, this study realizes that what Komnas HAM RI did amid the COVID-19 pandemic could be much more complex than what has been stated in the document.

This study was initiated by identifying issues that were highlighted by Komnas HAM RI as contained in the *Tata Kelola* document. These issues are categorized in the SDGs framework; each issue is grouped into one category of SDGs objectives. Although an issue may be related to more than one SDGs objective, this study decided to group the issue into the most relevant category.

In addition to *Tata Kelola* as the primary data, this study also uses Komnas HAM RI 2020 complaint report,[18] Focus Group Discussion (FGD) subjects,[19] reports by international institutions, Indonesian government's official documents related to the mitigation of COVID-19 and SDGs, including mass media coverage.

2. FINDINGS AND ANALYSIS

In the *Tata Kelola* document, Komnas HAM RI submitted 18 points of recommendation to the government in the context of COVID-19 response and recovery (see Table 1). However, while focusing on human rights issues, what was written in the document has not been discussed in the context of the SDG framework. Therefore, this section explores how the 18 points relate to the SDG framework, and its inherent human rights commitments.

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18 Komnas HAM RI received complaints from the public, both individuals and institutions, regarding the human rights violations that had occurred. The complaints collected by Komnas HAM RI are categorized into three major issues, namely employment, agriculture, and health. The complaint data is treated as additional data in this study. For details, see: Laporan Data Pengaduan, Komnas HAM RI, https://www.komnasham.go.id/index.php/data-pengaduan/.

19 FGDs were held twice. The first FGD was on January 26, 2021 involved commissioners and internal workers of the Komnas HAM RI (hereafter referred to as: Internal FGD of Komnas HAM RI). The second FGD was on January 29, 2021 involved representatives of civil organizations and government institutions which are related to COVID-19 (Hereafter referred to as: External FGD of Komnas HAM RI). This FGD was held to gather the opinions and experiences of different institutions in viewing the impact of COVID-19 on human rights and SDGs. The results of the FGD are treated as additional data in writing this report, especially when describing concrete examples in the "Findings and Analysis" chapter.

Table 1.

18 Points of Recommendation by Komnas HAM RI [20]

No.	Recommendation	Description
1.	Strengthening Legality	Based on the Siracusa Principles and the Human Rights Law, restrictions on human rights in the context of a health emergency must have a robust legal basis. The legality not only establishes a clear legal status for authorities in implementing some restrictions but also to provide transparency.
2.	Centralized Policy Platform	There is a need for a centralized policy platform that is controlled by the central government, which is transparent, accountable, non-discriminatory, and participatory. Such a platfrom can be used to regulate social restrictions/mobility, distribution of aid, and integrated public communication.
3.	Proportional Regional Quarantine Policy	Komnas HAM RI recommends measurable and proportional quarantine according to factual assessments, vulnerability level, epidemiological basis. However, the government chose to implement PSBB (Large-Scale Social Restrictions) while some areas applied partial quarantine.
4.	Strict Mobilization and Crowd Policy	Komnas HAM RI recommends firm action for violators of the PSBB /social/physical distancing policy, including arrangement in mobility limitation exception and how to worship in places/houses of worship.
5.	Up-to-date and Transparent Information on Covid Tracker	The need for policies and mechanisms for situational reform according to the transparency principle. However, in practice, there are differences in data between the central and regional governments, and mortality rates are underreported, and the standards and guidelines from the WHO are not followed in the reporting.
6.	Reducing the Number of Shelters in Prisons and Detention Centers	Komnas HAM RI recommends the government respond to excess occupants in prisons and youth detention centers to prevent the spread of COVID-19.

[20] This table is arranged based on the material: Ibid., "Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM" (n.6), 6-80. The text in the description column was made separately by the team for the purpose of this study. Summarization is carried out without removing the substance.

No.	Recommendation	Description
7.	Enforcement of Strict Sanctions for Violations in the Form of Fines or Penalties for Special Events	Strict sanctions for violators of health protocols must be given in the form of fines or social sanctions and punishment for special events (such as taking the corpse of a positive COVID-19 patient). Sanctions must be applied according to the violation. Fines and social sanctions are put forward to anticipate the overcapacity of detention centers and prisons.
8.	Maximum Use of Technology	The use of technology must be put forward to support the mitigation of the COVID-19 outbreak. Although several government agencies have developed technology provisions, it was not effective to increase testing and tracing levels.
9.	Direct Living Assistance	Komnas HAM RI recommends a social security allowance for all people.
10.	Home Education Model That is not Burdensome	Komnas HAM RI recommends a policy to study at home without creating additional burdens for families who are working, performing worship, and studying at home. Learning from home policy that is fun by reducing homework burden will greatly benefit mental health for all, especially prioritizing the child's best interests.
11.	Continue to Add Medical Personnel and Health Supporting Equipment and Ensure the Fulfillment of Medical Workers' Rights	Komnas HAM RI recommends a particular policy to support medical officers and workers to maximize their protection needs fulfillment. This particular policy can be in the form of exemption from import duty, acceleration of production, and, if necessary, monopoly of production and distribution in priority schemes.
12.	Develop Special Mechanisms for Persons with Disabilities	Komnas HAM RI recommends the arrangement of specific policies related to health services and protection for persons with disabilities, for example, access to information, access to services, and protection.
13.	Fighting Stigma for Victims, Families and Making Special Protection for Medical Workers and Volunteers	Komnas HAM RI recommends policies to raise awareness to combat stigma in society and provide special protection for medical officers and workers, including their families.

No.	Recommendation	Description
14.	Proportional Distribution of Medical Personnel, Volunteers, Facilities and Supporting Infrastructure	Komnas HAM RI recommends rapid policies to support medical personnel's distribution, accelerate the recruitment of volunteers, and proportionally provide facilities and infrastructure so that COVID-19 can be mitigated properly, especially in the red zones or the potential areas of becoming ones. Apart from that, the policy should ensure the quality standard of health facilities and supporting infrastructure.
15.	Building Community Solidarity and Ensuring that Mitigation of theCOVID-19 Runs Smoothly	Komnas HAM RI recommends policies to facilitate solidarity in society and provide protection for the solidarity action. This policy can take the form of facilitating the distribution of goods or other supporting facilities.
16.	Policies for Indonesian Citizens Abroad, Especially Migrant Workers in the COVID-19 Countries	Komnas HAM RI recommends a policy of protection and special services for Indonesian citizens abroad, especially migrant workers, in countries where the COVID-19 spreads. This policy includes information on whether there are general Indonesian citizens or migrant workers who become the victims and the continuity of health services for them. Including if they are in a country that has declared a lockdown, their basic needs must be considered and met.
17.	Protection for Laborers and Workers	Komnas HAM RI recommends that the government guarantees and ensures that there are no unilateral layoffs of workers by collecting data of business sectors that are vulnerable or affected by the COVID-19 and formulating mitigation steps in collaboration with related business associations.
18.	Maximum Health Services for Victims, Families, ODP, PDP, and Communities	Komnas HAM RI recommends the fulfillment and guarantees the right to complete health services for all by maximizing all existing resources, including conducting international cooperation, among other things, ensuring the availability and quality of medicines, medical personnel, appropriate treatment methods, or other supporting facilities to mitigate the COVID-19 effectively.

The study found that at least seven SDGs intersect with the 18 recommendations (see Table 2). The following section shows these links and describes how the human rights issues observed by Komnas HAM, and the recommendations on how to address the issues, are directly relevant for the achievement of existing SDG Goals and targets. The table below shows a summary of these messages, while the narrative section below the table describes in more detail how the COVID-19 pandemic has impacted negatively on human rights and posed challenges in relation to achieving the SDG goals and targets if these human rights issues are not addressed.

Table 2.

Intersection between Komnas HAM RI Highlight Issues and the Sustainable Development Goals

SDGs Goals[21]	SDGs Target[22]	Covid-19 Related Human Right Issues[23]
Goal 1 End Poverty in All Its Forms Anywhere	5. Provide the required financial services, including microfinance, resilience, and readiness of the poor and vulnerable groups to face climate change, environmental, economic, social, and disaster crisis.	Irrelevant social protection, such as Pre-employment Card Program that is not suitable to the needs
	3. At the national level, implement appropriate social protection systems and measures for all society. Provide substantial protection for the poor and vulnerable groups by 2030.	Inadequate and untargeted direct government assistance to the community
Goal 2 End Hunger, Achieve Food Security and Improve Nutrition and Promote Sustainable Agriculture.	1. By 2030, end hunger and ensure access for all people, especially those who are poor and in vulnerable situations, including infants, to safe, nutritious, and sufficient food all year round.	Inadequate and untargeted direct government assistance to the community
Goal 3 Ensure Healthy Lives and Promote Well-Being for All at All Ages	8. Achieve universal healthcare coverage, including financial risk protection, access to quality basic health services, and access to safe, effective, quality, and affordable medicines and vaccines for all	Unequal distribution of facilities and infrastructure; for example a lack of Personal Protective Equipment (PPE) fails to fulfill citizens' rights to access health facilities
		The right to health for prisoners is recognized through the decision of the Minister of Law and Human Rights Number M.HH-19.PK.01.04.04

[21] See: Regulation of the President of the Republic of Indonesia (Peraturan Presiden) Number 59 of 2017 on Implementation of the Achievement of Sustainable Development Goals (established on 4 July 2017, promulgated on 10 July 2017) (Hereafter referred to as: Perpres 59/2017), along with its Appendices.

[22] See: Koalisi Masyarakat Sipil Indonesia untuk SDGs/TPB, https://www.sdg2030indonesia.org/.

[23] Related issues are the result of categorization or findings carried out by this study by bringing together the TPB and Komnas HAM RI recommendations.

SDGs Goals[21]	SDGs Target[22]	Covid-19 Related Human Right Issues[23]
		The rights of persons with disabilities: • No data on the number of people with disabilities. • Refusal of treatment for persons with disabilities due to the absence of medical personnel to handle them.
	d. Strengthen capacities in every country, particularly in the developing countries, for early warning, risk reduction, and management of national and global health risks	• Inadequate health emergency status declaration • Ambiguity of emergency status (public health emergency and national non-natural disaster emergency), resulting in unconsolidated and ineffective management policies. • Implementation of PSBB instead of the Regional Quarantine policy. • The PSBB was not implemented comprehensively in Jakarta since there was no limit of mobility to and from Jakarta • Differences in enforcement in each region; no coordination with the central government. • Distorted and un-centralized policy communication. • Transportation constraints in distributing the aid. • No integrated data on referral hospitals that need assistance.

SDGs Goals[21]	SDGs Target[22]	Covid-19 Related Human Right Issues[23]
Goal 4 Ensure Inclusive and Equitable Quality Education and Promote Lifetime Learning Opportunities for All	1. Ensure that all the girls and the boys completing free, equal, and quality primary and secondary education leading to relevant and effective learning outcomes, by 2030. 2. Ensure that all the girls and the boys have access to quality early childhood development, parenting, and pre-primary education so that they are ready for primary education, by 2030. 3. Ensure equal access for all women and men to affordable, quality technical and vocational education, including universities, by 2030.	The home learning process is appreciated by Komnas HAM RI in terms of providing pleasant learning conditions, but the following problems remain (a) uneven internet access, related to either infrastructure or economic capacity of poor students and those in remote areas (b) more workload for their parents.
	5. Eliminate gender disparity in education and ensure equal access to all levels of education and vocational training for the vulnerable, including disabled, indigenous people, and children, by 2030. a. Build and upgrade education facilities that are sensitive to gender, children, and disabled people and provide safe, nonviolent, inclusive, and effective learning environments for all.	Lack of program support for students with disabilities and Vocational High Schools (*Sekolah Menengah Kejuruan*/SMK).
	c. Increase the supply of qualified teachers, through international teacher training in developing countries, particularly in the least developed countries and small island developing countries, by 2030.	Lack of competent teachers for online learning process.

SDGs Goals[21]	SDGs Target[22]	Covid-19 Related Human Right Issues[23]
Goal 8 Accelerate Inclusive and Sustainable Economic Growth, Comprehensive and Productive Employment and Decent Jobs for All	8. Protect workers' rights and support a safe working environment for all workers, particularly for women migrant workers, and workers in critical situations.	Pre-Employment Card Program is not suitable to the needs.
		Violation on workers' rights: • Unilateral layoffs or severance pay that is prejudicial to workers. • Threat of being exposed to the virus (obligation to come to the office, no proper protocols at the office, etc.)
		Unfulfilled rights and improper facilities for medical personnel: • PPE Shortage • Excessive working hours • Inadequate incentives • High mortality rate for medical personnel
Goal 9 Build Resilient Infrastructure, Promote Inclusive and Sustainable Industrialization and Encourage Innovation	a. Facilitate the development of durable and sustainable infrastructure in developing countries through financial, technological, and technical support for African countries, least developed countries, landlocked developing countries, and small island developing countries. c. Improve access to information and communication technology and strive to provide universal and affordable access to the internet in the least developed countries by 2020.	Ineffective and disintegrated use of information technology in the mitigation of COVID-19.
	3. Improve access of small-scale industries and other small-scale businesses, especially in the developing countries, to financial services, including affordable credit combined with value chains and markets	No reliable data on the number of MSMEs whose economic activities have been affected by COVID-19.

SDGs Goals[21]	SDGs Target[22]	Covid-19 Related Human Right Issues[23]
Goal 16 Promote Peaceful and Inclusive Societies for Sustainable Development, Provide Access to Justice for All and Build Effective, Accountable and Inclusive Institutions at All Levels	3. Support national and international legal instruments and equal access to justice for all 6. Build accountable and transparent institutions at all levels 7. Ensure responsive, inclusive, participatory, and representative decision-making at all levels	Lack of government legality in implementing human rights restrictions and reduction in order to protect public health.
		No expiration of emergency period which is contradictory with the principle of human rights limitation
		The involvement of the Indonesian National Armed Forces in the implementation of the PSBB in 4 provinces and 25 cities/regencies is not in line with its main duties (p. 122).
		Komnas HAM RI understands the measures that Police must be taken to curb the implementation of health protocols through restrictions, fines, and crowd dispersal. Although in several cases, the arrests of the crowds were criticized by civil society due to the absence of a legal basis.
		Citizens' rights to information are neglected because: • The data is not synchronized between the central government and regional governments • Questionable data quality • Exclude PDP or ODP who died even though they had not undergone swab test (p. 27)
		The COVID-19 patients data breach, which violates privacy rights.

2.1. SDG 1: End Poverty in All Its Forms Anywhere

The COVID-19 pandemic which limits the mobilization and activities of the people had a significant impact on increasing the poverty rate.[24] The decline in economic activity and the ubiquitous mass layoffs have contributed to an increase in the number of poor people.[25] In response to this, the government has created a series of social protection programs[26] to overcome its impact.[27]

Within the SDG framework, social protection is recognized as the main policy to achieve several goals, including eliminating income poverty, gender equality, and minimizing income inequality. SDGs specifically place social protection as one of the targets that must be achieved by 2030 (**Targets 1.3 and 1.5**).

From a human rights perspective, social protection is also in line with the General Declaration of Human Rights and other international human rights instruments, namely, the International Covenant on Economic, Social, and Cultural Rights ("ICESCR").[28] Therefore, in implementing social protection policies, human rights principles and standards must become the references, namely, the principles of equality and non-discrimination, accessibility, adaptability, adequacy of benefits, the certainty of personal rights, access to information and transparency, accountability, and participation.[29]

The government had allocated IDR230.21 trillion for the 2020 social protection program.[30] Meanwhile, for 2021 the allocation is IDR408.8 trillion, rising almost one hundred percent

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24 "Persentase Penduduk Miskin Maret 2020 Naik menjadi 9,78%", Badan Pusat Statistik, published on 15 July 2020, https://www.bps.go.id/pressrelease/2020/07/15/1744/persentase-penduduk-miskin-maret-2020-naik-menjadi-9-78-persen.html#:~:text=Jumlah%20penduduk%20miskin%20pada%20Maret,38%20persen%20pada%20Maret%202020.

25 See: "Dampak Ngeri RI Resesi: PHK Massal & Kemiskinan, Stagflasi?" CNBCIndonesia.com, published on 11 September 2020, https://www.cnbcindonesia.com/news/20200911152919-4-186173/dampak-ngeri-ri-resesi-phk-massal-kemiskinan-stagflasi.

26 The World Bank recorded that there were 1,414 social protection programs worldwide in response to the impact of the COVID-19 pandemic. See: Ugo Gentilini, Mohamed Almenfi, dan Pamela Dale, "Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures", "Living paper" version 14, published on 11 December 2020, http://documents1.worldbank.org/curated/en/467521607723220511/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-December-11-2020.pdf.

27 The Government of the Republic of Indonesia claims to have disbursed IDR 203.9 Trillion for social protection during COVID-19. See: Humas Sekretariat Kabinet Republik Indonesia, published on 26 September 2020, https://setkab.go.id/pemerintah-telah-gelontorkan-rp2039-triliun-untuk-perlindungan-sosial/.

28 The relationship between the TPB and related human rights instruments, see: "The Human Rights Guide to the Sustainable Development Goals", The Danish Institute for Human Rights, accessed on 4 February 2021, https://sdg.humanrights.dk/en/targets2?goal[]=70&target=1.3.

29 Alexandra Barrantes, "Why Are Human Rights Considerations Fundamental to Inclusive and Lifecycle Social Protection Systems?", Development Pathways, published on 13 April 2020, https://socialprotection.org/discover/publications/why-are-human-rights-considerations-fundamental-inclusive-and-lifecycle-social.

30 "Sri Mulyani Sebut Realisasi Anggaran PEN 2020 83,4 Persen, Ini Perinciannya", Bisnis.com, published on 4 January 2021, https://ekonomi.bisnis.com/read/20210104/9/1338615/sri-mulyani-sebut-realisasi-anggaran-pen-2020-834-persen-ini-perinciannya.

from the previous budget.[31] In addition, to increase the budget, the variety of social protection programs is also improving (Table 3).

Table 3.

Types of Social Protection Programs in Indonesia in 2020 (See Gentilini, Almenfi, and Dale, 2020)

Types of Social Protections	Forms	Remarks
Social Assistance/ Social Aid	Conditional Cash Transfer – (*Transfer Tunai*)	Indonesia's flagship conditional cash transfer program, the Family of Hope Program (*Program Keluarga Harapan*/ PKH), expanded its coverage from 9.2 million to 10 million beneficiary families (15 percent of the population) and double the value of benefits over three months (April, May, and June). The budget allocation for the PKH Program has been increased by 29% to IDR37.4 trillion or the equivalent of USD2.5 billion. Payment of the benefit is also made every month, instead of every three months.
	Goods	The staple food assistance program (previously known as Non-Cash Food Assistance) has expanded its coverage from 15.2 million households to 20 million low-income households. The benefit value increased 33% for the nine months period. The total allocated budget increased by 33% to IDR43.6 trillion (USD2.93 billion). A new type of food aid was introduced to Jabodetabek residents by the Central Government. Starting in April, it reached approximately 1.8 million households with a value of IDR600,000 for three months. In addition to that, several regional governments also provided food and/or cash assistance targeted to residents who were not selected to receive assistance from the Central Government. For example, the DKI Jakarta Government provided food assistance to 1.1 million households, and the West Java Provincial Government provided food assistance worth IDR350,000 and IDR 150,000 in cash for 12,000 households. Additional benefits for the PKH program in the form of rice are provided from July to December.

[31] "Anggaran Perlindungan Sosial dalam APBN 2021 sebesar Rp408,8 triliyun", Direktorat Jenderal Perbendaharaan Kementerian Keuangan Republik Indonesia, published on 6 January 2021, https://djpb.kemenkeu.go.id/portal/id/berita/berita/berita-nasional/3553-perlindungan-sosial.html#:~:text=Anggaran%20Perlindungan%20Sosial%20dalam%20APBN%202021%20sebesar%20Rp408%2C8%20triliyun,-Jakarta%2C%20djpb.kemenkeu&text=Anggaran%20perlindungan%20sosial%20dalam%20APBN%202021%20telah%20ditetapkan%20sebesar%20Rp,ke%20Daerah%20dan%20Dana%20Desa.

Types of Social Protections	Forms	Remarks
	Labor Intensive Program	The government has allocated IDR 16.9 trillion, which is given in cash for several works carried out by several Ministries: The Ministry of Public Works and Public Housing (*Kementerian Pekerjaan Umum dan Perumahan Rakyat*/ PUPR) has allocated IDR 10.2 trillion cash for work targeted to 530,000 workers. The Village Fund is also allocated for labor-intensive programs for the unemployed, poor, and vulnerable people at the villages targeting 59,000 workers.
	Utility Relief	Between April and June, the government provides mortgage and electricity payment relief as follows: Electricity in the amount of IDR 3.5 trillion to finance 24 million households or around 40% of the population with 450 VA connections. Meanwhile, for 900 VA connections, a 50% discount is given. A mortgage of IDR 1.5 trillion to support 175,000 low-income households in the form of interest and down payment subsidy.
Social Insurance	Health Insurance	IDR 3 trillion to finance the national health insurance scheme for 30 million unpaid workers.
Employment Schemes	*Activation measure*	The Pre-Employment Card, a program that provides subsidized vouchers for the unemployed to improve skills, has a budget allocation of IDR 20 trillion from the previous IDR 10 trillion and was launched in April. The target of this program is 5.6 million informal workers and MSMEs. POLRI also provides a Safety Program targeting bus, truck, and taxi drivers. Allocated budget for this program is IDR 360 billion for 197,000 beneficiaries.

Based on Table 3 above, the types of social protection are divided into three categories, namely, social assistance, social security, and labour market.[32] According to this research, most of Indonesia's social security remains target-oriented, instead of universal. Social protection programs in Indonesia are not completely lifecycle-based, either. Groups of children and persons with disabilities have not yet become the focus of social protection policies. In fact, especially for persons with disabilities, the government is obliged to pay attention to what has been defined in the Convention on the Rights of Persons with Disabilities ("ICRPD").[33]

The government's efforts to allocate budgets and increase the variety of social protection programs are in line with Komnas HAM RI recommendation to provide direct life assistance for all, particularly the vulnerable groups, the poor, laborers, independent workers, and other marginalized groups.[34] However, in its implementation, Komnas HAM RI considers that several social protection programs, especially social assistance from the government, are not on target and are inadequate in their distribution.[35] It is due to: firstly, the government was too slow to declare a health emergency, and this has impacted the response measures.[36] In fact, ironically, social assistance was allegedly corrupted by state officials. The Corruption Eradication Commission (*Komisi Pemberantasan Korupsi*/KPK) has arrested the Minister of Social Affairs Julian Batubara on the allegation of committing corruption for social assistance for communities affected by the COVID-19 pandemic.[37]

Second, "the data collection system is not good enough,"[38] thus causing inaccurate aid distribution. It is not only related to who is "eligible" to receive social assistance but also the type of goods received. The inaccuracy and ineffectiveness in social assistance distribution were mainly triggered by a lack of data that are not synchronized between the central and regional governments.[39] In the focus group discussions that were held, several groups also said that not all types of goods received were needed by the residents. It restricted the citizens' from accessing social assistance. Legally, it also has the potential to not fulfillig human rights in terms of obtaining a decent life and social security, as mentioned in Article 40 and Article 62 of the Human Rights Law and the ICESCR. In this regard, the International NGO Forum on Indonesian Development (INFID), in its survey, found that 89% of residents prefer social assistance in the form of cash.[40]

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32 Labour market policy is a form of intervention aimed at the unemployed and the most vulnerable groups to get a job.

33 "Ratifikasi Optional Protocol ICRPD untuk Penuhi Hak Penyandang Disabilitas", Komnas HAM RI, published on 7 April 2016, https://www.komnasham.go.id/index.php/news/2016/4/7/94/ratifikasi-optional-protocol-icrpd-untuk-penuhi-hak-penyandang-disabilitas.html.

34 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 3.

35 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 40.

36 "Presiden Diminta Tetapkan Status Darurat Kesehatan Masyarakat, Bukan Darurat Sipil", Kompas.com, published on 31 March 2020, https://nasional.kompas.com/read/2020/03/31/13165551/presiden-diminta-tetapkan-status-darurat-kesehatan-masyarakat-bukan-darurat?page=all.

37 "Indonesian Minister Arrested for Alleged Embezzlement of COVID-19 Relief Fund", Thejakartapost.com, published on 6 December 2021, https://www.thejakartapost.com/news/2020/12/06/juliari-becomes-latest-cabinet-member-to-be-named-graft-suspect-in-recent-weeks.html

38 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 41.

39 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 28.

40 See: presentation slide "Suvei Persepsi Warga tentang Layanan Pemerintah selama Pandemi COVID-19" page 49 conducted by INFID, https://infid.org/publication/read/Hasil-Survei-Warga-dan-OMS.

Besides leaving some notes on the social assistance, Komnas HAM RI examined the other social protection programs, namely, the Pre-Employment Card.[41] The work skills improvement program, which is intended to increase job opportunities, is considered incompatible with the needs. The effectiveness of this program has not been assessed clearly, including the goals of the government itself. Moreover, the various stages of the Pre-Employment Card program are considered to be troublesome for the community to participate in. In fact, obtaining decent work is part of the fulfillment of Article 38 of the Human Rights Law. Thus, the Pre-Employment Card program fails to answer the need and falls short of enabling people's realization of the right to work and the right to self-development.

Apart from social protection, Komnas HAM RI also noted that there is a high level of agrarian conflicts. Based on citizen complaints received by Komnas HAM RI throughout 2020, the conflicts are still dominating. In 2020, there were at least 217 complaints related to agrarian conflicts consisting of several issues: indemnity and compensation, disputes over land titles and ownership with corporations and the government, and indigenous peoples' rights.[42] Agrarian conflicts are related to Land Titles (*Hak Atas Tanah*/HAT), which is directly correlated with "the most universal human rights such as rights to life, rights to property, rights to culture and many others."[43] The COVID-19 pandemic has not reduced or even stopped the agrarian conflicts. At the beginning of the COVID-19 pandemic, Komnas HAM RI issued an appeal for the parties to the dispute to refrain, especially the government and corporations, instead of using it to commit human rights violations.[44]

The same review was also conveyed by the *Konsorsium Pembaruan Agraria* (KPA) in its 2020 final note.[45] The high level of agrarian conflicts causes worse condition for vulnerable groups. Besides the health risks of the pandemic, there is also a possibility of land loss. The issue of agrarian conflict is closely related to **Target 1.4**.

2.2. SDG 2: End Hunger, Achieve Food Security and Improved Nutrition, and Promote Sustainable Agriculture

As shown in the previous section, the COVID-19 pandemic has caused an increase in the poverty rate and setbacks in relation to achieving SDG 1 on ending poverty. This section will discuss the most related thing to poverty, namely, hunger. The higher number of poor people has resulted in an increased risk of food vulnerability. It is due to food purchase

41 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 40.

42 Ibid., Laporan Data Pengaduan, (n.17).

43 "Position Paper: Percepatan Penyelesaian Konflik Agraria dalam Kerangka Reforma Agraria dengan Berbasis HAM", Komnas HAM RI, published on 26 November 2018, https://www.komnasham.go.id/files/20181126-kertas-posisi-penyelesaian-konflik-$AINDB.pdf.

44 "Komnas HAM Minta Tidak Ada Penggusuran Saat Pandemi Covid-19", Tempo.co, published on 13 April 2020, https://nasional.tempo.co/read/1330998/komnas-ham-minta-tak-ada-penggusuran-saat-pandemi-covid-19.

45 "KPA 2020 final note: Pandemi COVID-19 dan Perampasan Tanah Berskala Besar", Konsorsium Pembaruan Agraria, published on 6 January 2021, http://kpa.or.id/media/baca2/siaran_pers/223/Catahu_2020_KPA:_Pandemi_Covid-19_dan_Perampasan_Tanah_Berskala_Besar/.

as one of the most significant expenses for low-income families.[46] Moreover, restrictions on citizens' activities and mobility during the COVID-19 pandemic affect the food supply chain, either of the products or the raw materials. It causes purchasing power and food availability to become the challenges that arise during the COVID-19 pandemic.[47] Therefore, the government's role as the authority is becoming pivotal in ensuring food availability for everyone without exception. In this context, WHO has published the guidelines for authorities to implement a national food safety surveillance system.[48]

These two challenges are closely related to **Target 2.1,** which states a commitment to "end hunger and ensure access for all people, especially the poor and those in vulnerable situations, including infants, to safe, nutritious and sufficient food throughout the year."[49] From a human rights perspective, four elements are related to the right to food, namely, availability, accessibility, adequacy, and sustainability.[50]

One of the government's efforts to ensure purchasing power and food availability is to provide social assistance to the community, either in cash transfers or goods, especially food products.[51] Komnas HAM RI itself has recommended the government to ensure direct life insurance for all, especially for vulnerable groups, the poor, laborers, independent workers, and other marginalized groups."[52] Komnas HAM RI, in its recommendation to the government, also encouraged facilitation and incentives for various community solidarity movements that support in dealing with the impact of the COVID-19 pandemic.[53] In Indonesia, at the beginning of the COVID-19 pandemic, various kinds of community movements emerged, for example, those who provide free food and protective equipment for health workers.[54] This community initiative has proven to have a very significant role in reducing the burden of the people who are affected by COVID-19. For example, the Sonjo movement in Yogyakarta, which is not only engaged in fulfilling food needs but also turned into a movement that mutually supports the citizens to be resilient in many fields of life.[55]

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46 See: "Profil Kemiskinan di Indonesia Maret 2020", Badan Pusat Statistik, published on 15 July 2020, https://www.bps.go.id/pressrelease/2020/07/15/1744/persentase-penduduk-miskin-maret-2020-naik-menjadi-9-78-persen.html.

47 See: "Tantangan dan Tren Pola Konsumsi Masyarakat Indonesia Berubah?", Pusat Studi Pangan dan Gizi Universitas Gadjah Mada, published on 6 October 2020, https://cfns.ugm.ac.id/2020/10/06/tantangan-dan-tren-makanan-di-indonesia-berubah/.

48 "COVID-19 dan Keamanan Pangan: Panduan untuk Otoritas yang Berwenang atas Sistem Pengawasan Keamanan Pangan Nasional", World Health Organization, published on 22 April 2020, https://www.who.int/docs/default-source/searo/indonesia/covid19/covid-19-dan-keamanan-pangan.pdf.

49 "2. Tanpa Kelaparan", Kementrian Perencanaan Pembangunan Nasional/Bappenas, accessed on 18 February 2021, http://sdgs.bappenas.go.id/tujuan-2/.

50 Kewajiban Negara dalam Hak Atas Pangan, Binadesa.org, published on 11 January 2016, https://binadesa.org/kewajiban-negara-dalam-hak-atas-pangan/#:~:text=Selanjutnya%2C%20dalam%20menilai%20realisasi%20Hak,%2C%20dan%20kualitas%20(quality).

51 "Ekonomi Pandemi: Penyaluran Bantuan Sosial 'Ke Orang Yang Sudah Meninggal', Skema Kebijakan Dinilai", Bbc.com, published on 24 April 2020, https://www.bbc.com/indonesia/indonesia-52399147.

52 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 3.

53 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 4.

54 "2020, Tahun Penuh Solidaritas Warga", Kompas.id, published on 22 December 2020, https://www.kompas.id/baca/metro/2020/12/22/solidaritas-masyarakat-tetap-kuat-di-2020/.

55 "Sonjo, Upaya Kemanusiaan di Tengah Pandemi COVID-19", Universitas Gadjah Mada, published on 4 July 2020, https://www.ugm.ac.id/id/berita/19665-sonjo-upaya-kemanusiaan-di-tengah-pandemi-covid-19

In the FGD that was held, several groups stated that social assistance, especially in the form of goods, did not suit the residents' needs, especially in terms of nutritional content, since many of them were in the form of instant food.[56] Disability groups, women, and children[57] are affected with in-kind assistance. It disturbed the food accessibility and sufficiency of the residents.

Komnas HAM RI also examined basic food assistance programs in Jabodetabek, Village Fund BLT, Electricity Tariff Exemption, as well as regular programs such as the Basic Food Card and the Family Hope Program. However, Komnas HAM RI assessed that some of these programs were not immediately implemented and were not on target.[58] The GOvernment's attention to these issues is, of course, significant so that Target 2.1 can be achieved. Moreover, in terms of human rights fulfillment, Article 40 and Article 62 of Law Number 39/1999 on Human Rights, mandate that decent life and social security for anyone must be implemented.

2.3. SDG 3: Ensure Healthy Lives and Promote Well-Being for All at All Ages

Goal 3 is most obviously relevant to responding to and recovering from the current global pandemic – and the achievement of the goal is facing formidable challenges. The first challenge is related to the treatment, control, and prevention of the COVID-19 virus. The second one is ensuring the continuous availability of regular health services that are not related to the COVID-19 pandemic. The UN Committee on Economic, Social, and Cultural Rights provides more detailed guidance on the right to health and highlights the need for availability, accessibility, quality, and acceptability.[59] The right to health is also mentioned in SDG 3, particularly in Targets 3.4, 3.8, 3.b, 3.c, and 3.d.

In this regard, the government has taken measures to mitigate the COVID-19 pandemic. Firstly, allocating a budget for health mitigation expenditures on medical devices, health facilities, and infrastructure.[60] Second, providing incentives for medical personnel at the

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56 This opinion was stated in the FGD on January 29, 2021 by Pandu Riono from Universitas Indonesia, Bona Tua from INFID, and Rahmiatun from Sasana Inklusi danGerakan Advokasi Difabel (SIGAB).

57 Description on children in Indonesia, please see: The United Nations Children's Fund, "COVID-19 dan Anak-Anak di Indonesia: Agenda Tindakan untuk Mengatasi Tantangan Sosial Ekonomi", UNICEF, published on 11 May 2020, https://www.unicef.org/indonesia/sites/unicef.org.indonesia/files/2020-05/COVID-19-dan-Anak-anak-di-Indonesia-2020_1.pdf.

58 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 40-43.

59 See: (1) "Laporan Alternatif Hak EKOSOB; Pendidikan, Kesehatan, dan Pangan", PATTIRO, accessed on 18 February 2021, https://repository.pattiro.org/media/846-laporan-alternatif-hak-ekosob-pendidikan-22a5f44e.pdf, page. 46; and (2) "General Comment No. 14 (2000); the right to the highest attainable standard of health", United Nations Economic and Social Council, published on 11 August 2000, http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJ2c7ey6PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL.

60 , "Apa Saja Kebijakan Pemerintah Indonesia di Bidang Kesehatan Untuk Penanganan Covid-19?"Kementrian Keuangan Republik Indonesia, published on 26 May 2020, https://djpb.kemenkeu.go.id/kppn/tarakan/id/data-publikasi/berita-terbaru/2829-apa-saja-kebijakan-pemerintah-indonesia-di-bidang-kesehatan-untuk-penanganan-covid-19.html.

central and regional levels.[61] Third, providing death benefits for health workers.[62] Fourth, providing subsidies for tariff adjustments for non-wage earners and non-workers.[63] Fifth, allocating treatment costs for the COVID-19 patients.[64] Sixth, the government also provides tax facilities of goods and services for the COVID-19 mitigation purposes and relaxing the import provisions for medical devices.[65]

Komnas HAM RI encourages and supports several government efforts, especially in exempting the treatment cost for patients infected with the COVID-19 virus.[66] Komnas HAM RI also appreciates the government's measures to set fee the prisoners in order to prevent the virus spread.[67] In August 2020, the Ministry of Law and Human Rights stated that 119 thousand prisoners received the 2020 General Remission.[68] From the human rights perspective, everyone, including persons with disabilities and prisoners, has the right to live and the right to a good and healthy environment as stipulated in Article 9 paragraph (1) and paragraph (3) of the Human Rights Law.

On the other hand, Komnas HAM RI also criticized several aspects of the pandemic mitigation, among other things, regarding health facilities and infrastructure that were unequally and inappropriately distributed; it prevents the fulfillment of citizens' rights from accessing health facilities.[69] Also, limited distribution of medical personnel in the mitigation of the COVID-19.[70] Especially with a large number of medical personnel who have died due to it, resulting in a more limited number of medical personnel.[71] Poor working conditions faced by the medical personnel put them in the new vulnerable group during the COVID-19 pandemic.[72] Even though there are rewards, incentive policies, or compensation for the medical personnel who have died, they are not able to substitute the right to health that has been violated.

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61 Ibid.

62 Ibid.

63 Ibid.

64 Ibid.

65 Ibid.

66 "Begini Teknis RS Klaim Biaya Perawatan Pasien COVID-19", Kementrian Kesehatan Republik Indonesia, published on 7 July 2020, https://infeksiemerging.kemkes.go.id/info-corona-virus/begini-teknis-rs-klaim-biaya-perawatan-pasien-covid-19.

67 "Menilik Kebijakan Asimilasi Narapida di Masa Pandemi COVID-19", Direktorat Jenderal Pemasyarakatan Kementerian Hukum dan HAM Republik Indonesia, published on 10 May 2020, http://ditjenpas.go.id/menilik-kebijakan-asimilasi-narapidana-di-masa-pandemi-covid-19.

68 "Pemberian Remisi Umum Tahun 2020 pada Peringatan Hari Ulang Tahun Indonesia ke-27", Kementerian Hukum dan HAM Republik Indonesia Kantor Wilayah Nusa Tenggara Barat, published on 17 August 2020, https://ntb.kemenkumham.go.id/berita-kanwil/berita-utama/3357-pemberian-remisi-umum-tahun-2020-pada-peringatan-hari-ulang-tahun-indonesia-ke-75.

69 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), hlm. 62-63.

70 "Beban Ganda Tenaga Medis Perempuan di Tengah Pandemi", published on 18 December 2020, https://www.kompas.tv/article/131691/beban-ganda-tenaga-medis-perempuan-di-tengah-pandemi?page=all.

71 See: "363 Tenaga Medis Meninggal karena Covid-19, Ini 3 Saran dari IDI", published on 16 December 2020, https://www.kompas.com/sains/read/2020/12/16/070200323/363-tenaga-medis-meninggal-karena-covid-19-ini-3-saran-dari-idi?page=all.

72 This statement was conveyed in the FGD January 29, 2021 by Ganis Irawan from the Indonesian Medical Association.

Inequality in the distribution of medical personnel is one of the significant challenges in Indonesia. Many primary health facilities do not have doctors.[73] With the high transmission rate of the virus and its widespread transmission, the unequal distribution of medical and health personnel is a big challenge in dealing with the virus.

Komnas HAM RI has also highlighted health services for people with disabilities. Two main issues that became the concern of Komnas HAM RI were poor data collection on the number of people with disabilities, and refusal of treatment for persons with disabilities due to the absence of medical personnel to handle them.[74] In its note, Komnas HAM RI referred to Law Number 8 of 2016 on Persons with Disabilities, especially Article 20, which regulates the rights of persons with disabilities in disaster conditions to get priority in the rescue process and facilities. Besides, Komnas HAM RI also referred to Article 11 of the International Convention on the Rights of Persons with Disabilities, which explains the state's obligation to take all necessary measures to ensure the protection and safety of persons with disabilities in risky situations.[75]

Throughout 2020, there were 17 complaints regarding the right to health reported to Komnas HAM RI by the public.[76] Most of them were related to COVID-19. The three main subjects of the reports were accessibility, availability, and quality of health services. The complainants were from individuals, community groups, as well as indigenous people, while the involved duty-bearers were the (regional) governments, health care centers, and corporations. The data not only confirmed that the right to health was affected by the COVID-19 pandemic, but also showed that the state was unprepared, and the health care institutions were unprofessional.

Another challenge is the COVID-19 vaccination.[77] To fulfill the citizens' right to health, and to ensure that no one is left behind, the COVID-19 vaccination must be available at no cost.[78] Vaccination is part of the state's obligation to fulfill the right to life and the right to health. There is an obstacle where some community groups declare their rejection for being vaccinated, and the state is obliged to provide a complete and informative explanation

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73 Direktorat Jenderal Bina Pembangunan Daerah Kementerian Dalam Negeri, "Pemenuhan SDM Kesehatan di Fasilitas Pelayanan Kesehatan Daerah Terpencil, perbatasan dan Kepulauan dan daerah Kurang Diminati", accessed on 14 February 2021, http://bppsdmk.kemkes.go.id/pusdiksdmk/wp-content/uploads/2019/11/PAPARAN-DIR-SDMK.pdf.

74 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 55-57.

75 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 57.

76 Based on public complaints filed to Komnas HAM RI throughout 2020, see: Ibid., Laporan Data Pengaduan, (n.17).

77 "Vaksinasi COVID-19 Jadi Tantangan Besar, Ini Langkah Satgas", Kompas.com, published on 15 January 2021, https://nasional.kompas.com/read/2021/01/15/09383251/vaksinasi-covid-19-jadi-tantangan-besar-ini-langkah-satgas?page=all.

78 (1) "Jokowi: "Vaksin Corona untuk masyarakat Indonesia gratis", Bbc.com, published on 16 December 2020, https://www.bbc.com/indonesia/indonesia-55329630; and External FGD of Komnas HAM RI (n. 18).

and build effective public dialogue.[79] In line with the mandate of Law Number 6 of 2018 on Health Quarantine, an epidemiologist from the University of Indonesia, Pandu Riono emphasized that primary vaccination should be free of charge.[80] Apart from focusing on the efforts to mitigate the COVID-19, the government must also ensure that essential health services continue to run well. Considering Indonesia still has many challenges in the health sector, such as stunting and infant and maternal mortality rates.[81]

Furthermore, Komnas HAM RI also highlighted the broader role of the government. Komnas HAM RI criticized the government's slowness in declaring the health emergency status, including the ambiguity of emergency status that resulted in unconsolidated and ineffective prevention policies.[82] Other than that, Komnas HAM RI spotlighted that instead of Regional Quarantine Policy, PSBB was chosen to be implemented although not in the entire Jabodetabek [83] since there was no limitation of mobility to and from Jakarta, it was implemented differently in each region; no coordination with the central government, distorted and un-centralized communication on policies,[84] transportation constraints in distributing the aid,[85] and no integrated data on referral hospitals that need assistance.[86]

What underlies the criticism of Komnas HAM RI is the economic perspective that is dominantly used by the government in mitigating the COVID-19.[87] The economic bias has created the policy of loosening the PSBB and preferably took it as an alternative instead of the regional quarantine. In fact, in mitigating the COVID-19 impacts, health and the economy should be prioritized, with a view to fulfilling the economic, social, cultural, and political rights of the people during the pandemic. Arief Anshory Yusuf argued that a firm intervention policy such as a regional quarantine would indeed suppress economic growth in the short term, but in the long run, the economic losses will be much lower.[88]

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79 See: "Penolak Vaksin COVID-19 Kena Sanksi, Epidemiolog: 'Pemaksaan Tidak Akan Berhasil", Bbc.com, published on 15 February 2021, https://www.bbc.com/indonesia/indonesia-56061572

80 Pandu Riono, "UU Karantina Kesehatan: Vaksin Tidak Bayar," see: https://www.dailymotion.com/video/x7y2fsr.

81 "4 Tantangan Kesehatan ini Jadi Perhatian Menkes", Kementrian Kesehatan Republik Indonesia, published on 19 February 2020, http://www.p2ptm.kemkes.go.id/kegiatan-p2ptm/pusat-/4-tantangan-kesehatan-ini-jadi-perhatian-menkes.

82 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM, (n.6).

83 Jabodetabek is an acronym for Jakarta, Bogor, Depok, Tangerang and Bekasi. Jakarta as the capital city of Indonesia is supported by the surrounding metropolitan cities consisting of the cities of Bogor, Depok, Tangerang, South Tangerang and Bekasi. Including several regencies, namely: Bogor Regency, Tangerang Regency, Bekasi Regency, and Cianjur Regency. See: http://perkotaan.bpiw.pu.go.id/n/metropolitan/3.

84 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM, (n.6), 14.

85 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM, (n.6), 66.

86 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM, (n.6), 63.

87 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM, (n.6), 130.

88 Arief Anshory Yusuf, "Mengukur Ongkos Ekonomi "Sesungguhnya" Dari Pandemi COVID-19", Padjadjaran University Center for Sustainable Development Goals Studies, published on 14 April 2020, http://sdgcenter.unpad.ac.id/mengukur-ongkos-ekonomi-sesungguhnya-dari-wabah-covid-19/.

The economic costs/losses include the impact on welfare and the lost supply of human resources due to deaths caused by COVID-19. Correspondingly, Juan Pablo Bohoslavsky of OHCHR stated that the economy could not be positioned as a top priority.[89] Bohoslavsky further argued that when the right to life and health is vulnerable, the business cannot run as usual and disrupt the mitigation/recovery system after the COVID-19 pandemic.[90]

2.4. SDG 4: Ensure Inclusive and Equitable Quality Education and Promote Lifetime Learning Opportunities for All

The COVID-19 pandemic has caused hundreds of thousands of schools to close and affected more than 62.5 million students ranging from pre-school to tertiary levels.[91] In many countries, Distance Learning (hereafter referred to as *Pembelajaran Jarak Jauh*/PJJ) is an option to sustainably fulfill citizens' right to education.[92] The right to education is reflected in SDG 4, which is expected to be achieved by 2030 (Targets 4.1, 4.2, and 4.3).

Komnas HAM RI itself has recommended the government to implement a home education model that is not burdensome.[93] Unfortunately, distance learning program, which is the chosen learning method, is burdensome to some parents,[94] students,[95] and even teachers.[96] Komnas HAM RI highlighted three issues related to distance learning: first, the educational activities that are moved from schools to houses by using the internet.[97] Second, the right to education for students with disabilities.[98] Third, the teacher's competence in online teaching.[99] These three issues emerged as a logical consequence of teaching and learning activities' transformation during the COVID-19 pandemic.[100]

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89 Juan Pablo Bohoslavsky, "COVID-19: Urgent appeal for a human rights response to the economic Recession", Office of the High Commissioner for Human Rights (OHCHR), published on 15 April 2020, https://www.ohchr.org/Documents/Issues/Development/IEDebt/20200414_IEDebt_urgent_appeal_COVID19_EN.pdf.

90 Ibid.

91 "COVID-19 and Learning Inequities in Indonesia: Four Ways to Bridge the Gap", World Bank Blogs, published on 21 August 2020, https://blogs.worldbank.org/eastasiapacific/covid-19-and-learning-inequities-indonesia-four-ways-bridge-gap.

92 Ibid.

93 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 4.

94 "Pembelajaran Jarak Jauh Era COVID-19", Balai Penelitian dan Pengembangan Agama Jakarta, accssed on 18 February 2021, https://simlitbangdiklat.kemenag.go.id/simlitbang/assets_front/pdf/1613366388Pembelajaran_Jarak_Jauh_Era_Covid_19.pdf (Hereafter referred to as: "Pembelajaran Jarak Jauh Era COVID-19"), 4.

95 Ibid., Pembelajaran Jarak Jauh Era COVID-19, 85.

96 "Luncurkan Program Guru Belajar, Kemendikbud Bantu Guru Laksanakan Pembelajaran Jarak Jauh", Kementerian Pendidikan dan Kebudayaan, published on 30 September 2020, https://www.kemdikbud.go.id/main/blog/2020/09/luncurkan-program-guru-belajar-kemendikbud-bantu-guru-laksanakan-pembelajaran-jarak-jauh.

97 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 44.

98 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 45.

99 Ibid.

100 Ibid.

A survey from Saiful Mujani Research and Consulting (SMRC) reported that 92% of students feel there are too many problems that interfere the online learning.[101] As of October 2020, the Ministry of Education and Culture stated that there are 48 thousand schools with poor internet connections, including 12 thousand schools in the outermost, disadvantaged, and frontier (*Terluar, Tertinggal, Terdepan*/3T) areas with no internet access.[102] A survey conducted by the Indonesian Child Protection Commission (*Komisi Perlindungan Anak Indonesia*/KPAI) shows that 57% of students consider online learning materials were challenging to apply, and 25% of students feel boredom in online learning.[103] Then, another survey from the Tanoto Foundation found that "56% of respondents who were parents admitted to being impatient and bored in dealing with abilities and concentration of children who were in SD/MI."[104]

Meanwhile, issues around students with disabilities, who "often require physical and emotional contact with teachers and rely on special tools and therapies,"[105] link to commitments embedded in two targets under SDG 4. The first is **Target 4.5**, which seeks to "eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for those who are vulnerable, including those with disabilities, indigenous peoples and children in vulnerable situations. The second is **Target 4.a** which seeks to "build and improve the quality of education facilities that are sensitive to gender, children and disabilities and provide a safe, nonviolent, inclusive and effective learning environment for all." Meanwhile, the issue of "teachers that lack mastery in online learning applications"[106] is related to **Target 4.c,** which commits to "by 2030, substantially increase the supply of qualified teachers, through international cooperation for teacher training in developing countries, particularly, least developed countries and small island developing countries".

Komnas HAM has pointed out areas that need attention in order for people of Indonesia to realize their right to education. If the obstacles are not properly addressed, they have the potential to fall short of fulfilling the rights of citizens to obtain education and to educate themselves, including vulnerable groups, namely people with physical and mental disabilities, in accordance with Article 12, Article 42, Article 48, Article 54, and Article 60 of the Human Rights Law. Therefore, the government needs to accelerate the development of telecommunication infrastructure so that people can get equal access to the internet,

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101 "Asesmen Publik tentang Pendidikan Online di Masa COVID-19", Saiful Mujani Research and Consulting, published on 18 August 2020, https://saifulmujani.com/asesmen-publik-tentang-pendidikan-online-di-masa-covid-19/, 24.

102 "Kementerian Pendidikan dan Kebudayaan: 12 Ribu Sekolah Tak Punya Akses Internet", Cnnindonesia.com, published on 22 October 2020, https://www.cnnindonesia.com/nasional/20201022123707-20-561482/kemendikbud-12-ribu-sekolah-tak-punya-akses-internet.

103 "Dilema Siswa dan Orang Tua: Awal Tahun Batal Belajar di Sekolah", Tirto.id, published on 5 January 2021, https://tirto.id/dilema-siswa-dan-orang-tua-awal-tahun-batal-belajar-di-sekolah-f8Pz.

104 "Survei: 56 Persen Orangtua Merasa Kurang Sabar Saat Temani Anak PJJ", Kompas.com, published on 19 November 2020, https://www.kompas.com/edu/read/2020/11/19/151623071/survei-56-persen-orangtua-merasa-kurang-sabar-saat-temani-anak-pjj?page=all.

105 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 45.

106 Ibid.

establish appropriate programs to support the learning process for students with disabilities and vocational high schools, improve the quality of educators so that the quality of learning received does not decrease and still attracts students to follow the learning process effectively so it would not the burdens for the parents as companions during the learning process.

2.5. SDG 8: Promote Inclusive and Sustainable Economic Growth, Full and Productive Employment and Decent Work for All

The right to work, protection of workers' rights, and safety at work are some of the challenges that have arisen due to the COVID-19 pandemic, and they are all closely related to Goal SDG 8. Until August 2020, Statistics Indonesia recorded an unemployment rate of 7.07% (an increase of 1.84% compared to August 2019 data), which is directly proportional to an increase of 4.59% in the number of informal workers to 60.47%.[107]

In that regard, Komnas HAM RI has recommended the government to provide protection for laborers and workers. Komnas HAM RI also recommends the importance of protecting Indonesian Migrant Workers (*Pekerja Migran Indonesia*/PMI).[108]

Komnas HAM RI monitored several issues related to the protection of laborers and workers, namely neglecting workers' rights such as unilateral employment termination (PHK), severance pay that are detrimental to workers, and workplace safety from the COVID-19 virus.[109] Another issue highlighted by Komnas HAM RI is the limited social protection for workers, especially informal workers and workers' rights in the health sector, such as doctors and nurses.[110]

Although the Ministry of Manpower had issued a Circular of the Minister of Manpower Number M/3/HK.04/III/2020 of 2020 on Protection of Workers/Laborers and Business Continuity in the Context of Prevention and Control of COVID-19 until October 2020, there were 5.6 million people who were fired and being laid off.[111] The data above is in line with the 2020 complaint report of KOMNAS HAM RI, where violations of workers' rights were mostly committed by companies, with a total of 52 cases reported. Most of the complaints were related to the wage payment and unilateral layoffs.[112]

Apart from the layoffs, many workplaces are still imposing the workers to keep on working

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107 "[REVISION per 18/02/2021] August 2020: Tingkat Pengangguran Terbuka (TPT) sebesar 7,07 persen", Badan Pusat Statistik, published on 5 November 2020, https://www.bps.go.id/pressrelease/2020/11/05/1673/agustus-2020--tingkat-pengangguran-terbuka--tpt--sebesar-7-07-persen.html.

108 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 69.

109 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 74.

110 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 75.

111 "Total 5,6 Juta Tenaga Telah Di-PHK atau Dirumahkan", Sindonews.com, published on 27 October 2020, https://ekbis.sindonews.com/read/210522/34/total-56-juta-tenaga-kerja-telah-di-phk-atau-dirumahkan-1603786256. Also: https://kemnaker.go.id/news/detail/pemerintah-antisipasi-penambahan-pengangguran-di-masa-pandemi-covid-19.

112 Ibid., Laporan Data Pengaduan, (n. 17).

at the office without adequate health protocols. In fact, Article 7 of the ICESCR explains that States Parties to the Agreement recognize everyone's right to the enjoyment of equitable and favorable working conditions, which are safe and healthy as well.[113]

Regarding the health sector manpower issue, Komnas HAM RI highlights several things including long working hours, scarcity of PPE, small incentives, and high mortality rates due to risk of being exposed to the virus while working. Some of the following data describe the problems faced by the medical personnel.

As per November 2020, based on a survey from the Center for Indonesia's Strategic Development Initiatives (CISDI), many health workers at the health center (puskesmas) were not adequately protected due to a shortage of N95 masks, medical gowns, and surgical masks.[114] Meanwhile, from a psychological aspect, a survey from the Master of Occupational Medicine, Faculty of Medicine, University of Indonesia (*Fakultas Kedokteran Universitas Indonesia*/FKUI) reported that "83% of health workers in Indonesia have experienced moderate and severe burnout syndrome."[115] Furthermore, the Indonesian Doctors Association (*Ikatan Dokter Indonesia*/IDI) Mitigation Team noted that 342 health workers died from March to 5 December 2020.[116] IDI claims that Indonesia ranks highest in Asia and in the top five globally in terms of mortality for medical and health personnel.[117]

The manpower issues may potentially violate the human rights of medical personnel in terms of receiving adequate health protection facilities such as PPE to carry out their responsibilities as the frontliners who are very vulnerable to be infected with COVID-19. Moreover, medical personnel who work overtime experience physical and mental problems. Furthermore, the incentives they received tended to be small, requests for additional incentives are also rejected, and the realization of incentives is still not optimal. In this regard, the state must pay attention to Article 2, Article 41, and Article 71 of the Human Rights Law. Shortage of PPE can also endanger medical personnel who must continue to work, and based on their high mortality rate, it has the potential to violate human rights to live and to sustain life as described in Article 9 of the Human Rights Law.

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113 See: "International Covenant on Economic, Social, and Cultural Rights", ELSAM Lembaga Studi dan Advokasi Masyarakat, https://referensi.elsam.or.id/wp-content/uploads/2014/09/Kovenan-Internasional-Hak-Ekonomi-Sosial-dan-Budaya.pdf

114 "Kemampuan Puskesmas dalam Merespon Pandemi COVID-19", Center for Indonesia's Strategic Development Initiatives (CISDI), published on 5 November 2020, https://cisdi.org/wp-content/uploads/2020/11/Policy-Brief-3-November-2020-copy_compressed-1-2.pdf.

115 "83% Tenaga Kesehatan Indonesia Mengalami Burnout Syndrom Derajat Sedang dan Berat Selama Masa Pandemi COVID-19", Humas Fakultas Kedokteran Universitas Indonesia, published on 14 September 2020, https://fk.ui.ac.id/berita/83-tenaga-kesehatan-indonesia-mengalami-burnout-syndrome-derajat-sedang-dan-berat-selama-masa-pandemi-covid-19.html.

116 "IDI Catat Angka Kematian Nakes per Desember 2020 Naik jadi 342 Jiwa", Tirto.id, published on 5 December 2020, https://tirto.id/idi-catat-angka-kematian-nakes-per-desember-2020-naik-jadi-342-jiwa-f7MY. Also see social media platforms that are managed by IDI, such as IDI official Instagram account that always updates the information regarding death of medical workers during the pandemic, https://www.instagram.com/ikatandokterindonesia/?hl=id.

117 "IDI: Kematian Nakes RI Tertinggi ke-5 di Dunia", CNNIndonesia.com, published on 2 January 2021, https://www.cnnindonesia.com/nasional/20210102172140-20-588766/idi-kematian-nakes-ri-tertinggi-ke-5-di-dunia.

In addition to labor and worker rights, Komnas HAM RI also focuses on the handling of Indonesian Citizens (*Warga Negara Indonesia*/WNI) abroad, especially Indonesian Migrant Workers (PMI). Since the beginning of the pandemic, PMI has been the most affected group regarding the transmission and the virus spread since there were so many of them working in the countries that were first hit by the outbreak. Several issues that were highlighted by Komnas HAM RI regarding the handling of PMI include stigmatization of them as a "virus carrier."[118] Another highlighted matter is that before the pandemic occurred, PMI received limited social protection upon arrival in their native region.[119] Meanwhile, the number and types of jobs available there are limited. They cannot appropriately access the Pre-Employment Card Program, either.[120] The burden is increasing since most of them are women.[121]

Komnas HAM RI's remarks on manpower issues that are discussed in this section are closely related to **Target 8.8**: "Protecting workers' rights and supporting safe working environment for all workers, especially for women, migrant workers and workers in precarious situations."

2.6. SDG 9: Build Solid Infrastructure, Promote Inclusive and Sustainable Industrialization and Encourage Innovation

SDG 9 considers that infrastructure development that is supported by innovation will promote an inclusive industrialization climate. At this point, infrastructure limitation is viewed as a barrier to productivity. In the context of COVID-19, technology, especially information technology, has an essential role in response measures and mitigation. Komnas HAM RI recommends the policy on maximizing utilization of technology, primarily to "ensure that information channels are working properly."[122]

Komnas HAM RI noted several measures in technology utilization that the government has undertaken.[123] For example, the Ministry of Health and the Indonesian Telemedicine Alliance have utilized internet-based telemedicine to provide health consultation services and provide information related to COVID-19. Provincial and regency governments have made efforts to use websites to provide public information. In addition, the police have made efforts to use technology to track crowds based on cell phone signals. Unfortunately, Komnas HAM RI assessed that technology utilization in the mitigation of COVID-19 is not yet optimal, and is not integrated with all provinces' response and mitigation measures.

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118 "Kerentanan Pekerja Migran Indonesia Menghadapi Wabah Covid-19", Centre for Strategic and International Studies, published on 31 March 2020, https://www.csis.or.id/publications/kerentanan-pekerja-migran-indonesia-menghadapi-wabah-covid-19/.

119 "Banyak Jadi Korban, Buruh Migran dari Daerah Juga Butuh Perlindungan Sosial", Liputan6.com, accessed on 18 February 2021, https://www.liputan6.com/regional/read/4135506/banyak-jadi-korban-buruh-migran-dari-daerah-juga-butuh-perlindungan-sosial.

120 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 74.

121 "Data Penempatan dan Pelindungan Pekerja Migran Indonesia (PMI) Tahun 2019", Badan Perlindungan Pekerja Migran Indonesia (BP2MI), accessed on 18 February 2021, https://bp2mi.go.id/uploads/statistik/images/data_19-02 2020_Laporan_Pengolahan_Data_BNP2TKI____2019(2).pdf.

122 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 3.

123 Ibid., 36-37.

In fact, according to Komnas HAM RI, the provision of information that is mediated by technology may become a foundation in the educational process for the public.[124]

Nevertheless, the utilization of information technology also comes with problems. One of the incidents that were noticed by Komnas HAM RI was breaches of COVID-19 patient data owned by the government agencies.[125] There was leakage of 230 thousand personal data containing telephone numbers, addresses, PCR results, and the hospital's location where the patient was treated, even though the government denied it.[126] Data leakage is a violation of the right to privacy that is hard to recover and affects other human rights.

In this context, the attention given by Komnas HAM RI has touched two targets under SDG 9. The first is **Target 9.a,** which addresses "sustainable development of durable infrastructure in developing countries through enhanced financial, technological and technical support for African countries, least developed countries, landlocked developing countries, and small island developing countries." The second is **Target 9.c** which improves "access to information and communication technology and tries to provide universal and affordable internet access in the least developed countries by 2020".

Maximizing the utilization of technology is closely related to innovation, as highlighted in Goal 9. Besides telemedicine, technology innovation can be applied in contact tracing efforts to prevent the spread of COVID-19. Apparently, in Indonesia, it was below the standard due to the limited data.[127] Besides, **Target 9.c** regarding access to information and communication technology is not well manifested, particularly in the education sector, as discussed in Goal 4, regarding the unequal distribution of internet infrastructure throughout Indonesia.

Besides being associated with commitments under the SDGs, the above issues also intersect with human rights standards and obligations. For instance, human rights instruments view access to information as a fundamental human right. This includes information related to COVID-19.[128] Thus, when the use of technology is not optimal in terms of fulfilling the public's right to information, it is a human rights concern, related to Article 14 of the Human Rights Law, where the right to information is required to develop personal and social environments. The failure to fulfill the right to information and public information will lead to misinformation, miscommunication, and the circulation of hoaxes in the community, especially in the digital world. In the context of vaccination, for instance, all those things may cause the citizens to refuse to be vaccinated, assuming certain vaccines are unsafe and illegal.[129]

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124 Ibid., 38.

125 Ibid., 29.

126 "230 Ribu Data Pasien Covid-19 di Indonesia Bocor dan Dijual", Cnnindonesia.com, published on 20 June 2020, https://www.cnnindonesia.com/teknologi/20200620083944-192-515418/230-ribu-data-pasien-covid-19-di-indonesia-bocor-dan-dijual.

127 "Menkes: Kemampuan Contact Tracing Corona Indonesia di Bawah Standar", Tirto.id, published on 13 January 2021, https://tirto.id/menkes-kemampuan-contact-tracing-corona-indonesia-di-bawah-standar-f89T.

128 See: Article 19 of the Universal Declaration of Human Rights, https://www.komnasham.go.id/files/1475231326-deklarasi-universal-hak-asasi--$R48R63.pdf.

129 "Gerakan Tolak Vaksin COVID-19, Akankah Berakhir Lewat Anjuran MUI dan Tokoh Agama?", Bbc.com, published on 14 January 2021, https://www.bbc.com/indonesia/indonesia-55644537.

Moreover, the implementation of telemedicine technology also has a connection with human rights in terms of the right to proper health. By being mediated by telemedicine, people are still able to get health services without the risk of being exposed to the virus.[130] Similar to the implementation of adequate contact tracing which is related to the community's right to feel safe and secure in doing activities as mentioned in Article 30 of the Human Rights Law. The examples above exhibit how the fulfillment of human rights is closely linked to the use of technology and inclusive innovation.

The final section of Goal 9 outlines the relationship between technology and innovation with micro, small and medium enterprises (MSMEs). It is essential to understand that infrastructure and inclusive technological innovation may boost MSMEs' growth, and on the other hand, healthy MSMEs will improve industrialization and the economy. More than that, the United Nations Department of Economic and Social Affairs (UNDESA) pointed out that there is a role of MSMEs in the 17 SDGs.[131]

As previously known, Goal 9 also addresses the support for MSMEs, specifically in **Target 9.3**: "Increasing access of small scale industries and other businesses particularly in developing countries, to funding services, including affordable credit combined with value chains and markets." When the COVID-19 pandemic occurred, the International Labor Organization noted that 68% of companies experienced business disruption.[132] It was three times stronger for a small company with less than ten employees. Therefore, assistance for small companies is highly anticipated. The government has distributed the aid to 9.1 million small businesses.[133]

2.7. SDG 16: Promote Peaceful and Inclusive Societies for Sustainable Development, Provide Access to Justice for All and Build Effective, Accountable and Inclusive Institutions at All Levels

In order to create peace and to end violence, SDG 16 focuses on issues of justice, law, corruption, transparency, and public participation, which are closely related to democratic values.

In the context of COVID-19, there are many issues related to the Goal. Komnas HAM RI noticed several of them. The first and the most fundamental, the government did not determine the period of the emergency status that was defined through Presidential

130 "Solusi Telemedicine di Tengah Pandemi", Dewan Teknologi Informasi dan Komunikasi Nasional, published on 8 May 2020, http://www.wantiknas.go.id/id/search, hlm. 5.

131 "Micro-, Small, and Medium-size Enterprises MSMEs) and their role in achieving the Sustainable Development Goal", United Nations Department of Economic and Social Affairs, accessed on 14 February 2021, https://sustainabledevelopment.un.org/content/documents/25851MSMEs_and_SDGs_Final3120.pdf.

132 "Risalah ILO: Ketahanan Hidup Perusahaan Hampir Habis, Pekerjaan Semakin Terancam", International Labour Organization, published on 18 May 2020, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/documents/publication/wcms_745054.pdf.

133 Dhika Kusuma Winata, "Pekan Depan 9,1 Juta Pedagang Kecil Bakal Terima Bantuan", Media Indonesia, published on 19 August 2020, https://mediaindonesia.com/ekonomi/337881/pekan-depan-91-juta-pedagang-kecil-bakal-terima-bantuan.

Decree Number 11 Year 2020. Komnas HAM RI realizes that amid the emergency situation, human rights can be limited for the sake of the people. However, there is an exception for the non-derogable rights, as regulated in Article 4 of the Human Rights Law. According to Komnas HAM RI, an emergency status that is not followed by an expiration is not in line with the principle of human rights restriction.[134]

One of the essential principles in the emergency condition is temporariness, which contains a message that an emergency status must be carried out within a certain limitation of time. Asril and Ayuni argue that "the longer an emergency period is, in general, the higher possibility to cause anxiety and excess, casualties, restrictions on rights and even abuse of power."[135] Therefore, as stated in the International Covenant on Civil and Political Rights, authorities in an emergency (including restrictions on human rights) must have a time limit.[136]

It has been mentioned in the introduction of this research, how important human rights values and principles are in guiding us through the COVID-19 pandemic situation. A pandemic situation may not be a justification to disrespect, to unfulfilled, and not protect human rights. In fact, a human rights perspective should be a guide in the mitigation of the COVID-19 pandemic. In terms of the implementation of health protocols, several measures that limit human rights have been taken by the police. For example, by limiting citizens' movements, imposing fines for offenders, and dispersing crowds. Although Komnas HAM RI tolerates the measures taken by the police on the basis of protecting public health rights as stipulated in Article 9 and Article 73 of the Human Rights Law, however, in several cases, the arrests of residents in crowds have been criticized by civil society for having lack of legal basis.[137]

The issues discussed above are closely related to **Target 16.3,** which describes the commitment to "support legal instruments at the national and international levels and equal access to justice for all." The main problems in relation to the determination of the emergency status and the enforcement of health protocols come down to the legal basis. Komnas HAM RI noted that the government did not impose sufficient restrictions to contain the spread of the virus and protect public health.[138] In fact, transparent and firm legality are associated with **Target 16.6,** which aims to "build accountable and transparent institutions at all levels." Accountable institutions may improve public trust in them, as elaborated in **Target 16.7,** which commits to "ensure responsive, inclusive, participatory and representative decision-making at all levels."

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134 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 120.

135 Fitra Arsil and Qurata Ayuni, "Model Pengaturan Kedaruratan dan Pilihan Kedaruratan Indonesia dalam Menghadapi Pandemi COVID-19," Jurnal Hukum & Pembangunan 50, no. 2 (2020), 423-446.

136 "General Comment on Article 4", International Covenant on Civil and Political Rights, published on 31 August 2001, http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsjYoiCfMKoIRv2FVaVzRkMjTnjRO%2Bfud3cPVrcM9YR0iix49nlFOsUPO4oTG7R%2Fo7TSsorhtwUUG%2By2PtslYr5BldM8DN9shT8B8NpbsC%2B7bODxKR6zdESeXKjiLnNU%2BgQ%3D%3D.

137 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 34.

138 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6).

However, it became a problem when the Indonesian National Armed Forces was involved in the implementation of the PSBB in 4 provinces and 25 cities/regencies. According to Komnas HAM RI, the involvement is contradictory with its primary duties.[139] According to Asfinawati from *Yayasan Lembaga Bantuan Hukum Indonesia*(YLBHI),[140] the involvement of the TNI is very risky, considering its embedded impunity. The OHCHR guidelines also state that the military should not be involved in supervisory functions as the police are.[141] If it is necessary for certain and particularly defined circumstances, the military's involvement in law enforcement should be clearly time-limited. This means that Target 16.6 regarding the development of an accountable institution was not achieved. Along with that, Target 16.7 regarding participatory decision-making is also challenged, since the public's right to information is being neglected. Furthermore, responsive and inclusive decision-making requires representative participation, which is possible by the availability of proper information, as a provision for the community to participate.

Unfortunately, as noticed by Komnas HAM RI, citizens' right to information has been neglected due to unsynchronized data between the central and the regional governments in Yogyakarta, Central Java, and West Java.[142] The data quality is also doubtful, considering that they did include the PDP or ODP who died even though the PCR/swab test was not carried out.[143] Narasi TV revealed that based on SILAPHAR data managed by the Ministry of Health there are differences between the data on COVID-19 patients who died and those that are published to the public (underreporting data).[144]

The discrepancies in mortality and the number of patients who confirmed positive with COVID-19 (underreported) affect the right to health, particularly the access to information, including the right to seek and receive or share information and ideas on health problems.[145] Also, as stated in Article 19 Paragraph (2) of the ICCPR, "everyone should have the right to freedom of expression; including the freedom to seek, receive, and give various types of information and ideas."[146]

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139 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 122.

140 Mohammad Bernie, "Dwi Fungsi Saat Pandemi: Jokowi Melibatkan TNI untuk Tangani Corona", Tirto.id, published on 13 August 2020, https://tirto.id/dwi-fungsi-saat-pandemi-jokowi-melibatkan-tni-untuk-tangani-corona-fXcx.

141 , "Emergency Measures and COVID-19: Guidance", United Nations High Commissioner for Refugees published on 27 April 2020, https://www.ohchr.org/Documents/Events/EmergencyMeasures_COVID19.pdf.

142 Wayan Agus Purnomo, "Beda Irama Data Jakarta: Data COVID-19 Terus Simpang-Siur. Pemerintah Pusat pun tak Kompak", Tempo.co, published on 18 April 2020, https://majalah.tempo.co/read/nasional/160237/mengapa-data-korban-covid-19-pemerintah-pusat-dan-daerah-berbeda?hidden=login.

143 Ibid., Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM (n.6), 27.

144 See: "Kebocoran Data Kemenkes Ungkap Kejanggalan Angka Pandemi", Narasi.tv, published on 7 January 2021, https://www.narasi.tv/buka-mata/kebocoran-data-kemenkes-ungkap-kejanggalan-angka-pandemi.

145 "United Nations Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)", Office of the High Commissioner for Human Rights, published on 11 August 2020, https://www.refworld.org/docid/4538838d0.html.

146 "International Covenant on Civil and Political Rights, 1976", Office of the High Commissioner for Human Rights, published on 23 March 1976, https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx.

3. CONCLUSION AND RECOMMENDATIONS

3.1. Conclusion

As a preliminary study, this research has shown that the COVID-19 pandemic has a severe impact on achieving the SDGs and the fulfillment of human rights. The close and reciprocal relationship between human rights and SDGs is getting more obvious that in implementing the 2030 Agenda and its seventeen SDGs, the use of human rights values, norms and principles is obligatory. Likewise, to fulfill human rights, the SDG framework can be an adequate working instrument. Awareness of the existing relationship between human rights and the SDGs is becoming essential for the authorities, the state, and the related parties in dealing with the current COVID-19 situation and to project the SDGs achievement agenda in the future.

As has been elaborated in the previous sections, the COVID-19 pandemic has caused severe obstacles and challenges towards the achievement of a number of SDGs, seven of which are described and analysed above. Actors and institutions with a mandate related to those SDGs must take COVID-19's human rights impacts into consideration when adpting SDG planning to the current situation.

In many ways, the COVID-19 pandemic also has tendencies to affect human rights and some violations even took place. Some human rights implications were directly caused (inevitably) by the pandemic, but some were results of how the authorities handled it. It shows that human rights principles are not adequately adopted by the authorities. In this context, the role of Komnas HAM RI is significant. Komnas HAM RI, in carrying out its mandate and authority, continues to monitor if the state respects, protects and fulfills human rights to safeguard all its citizens. In its limited function as an advisor and observer, Komnas HAM RI needs to ensure that the recommendations that are given to the government can be implemented.

Furthermore, Komnas HAM's supervision of the response measures and mitigation of COVID-19 has resulted in a series of recommendations that have direct relevance for seven of the SDGs. This means that implemenatioan plans for these seven SDGs need to be adapted to the current situation in light of Komnas HAM's recommendations. In that way, SDG implementation will serve as a human rights-based framework for Covid-19 response, mitigation and recovery. The significant role of Komnas HAM RI in relation to Indonesisa's achievement of the SDGs is not only theoretical, but also needs to be accompanied by goodwill from the parties involved in concrete actions, especially the government and civil society, as well as the internal Komnas HAM RI itself.

In the context of the COVID-19 pandemic, health issues are undoubtedly the area with the strongest obvious visibility in the SDG agenda (Goal 3), and the human rights inplications are clear, in the sense that achievement of SDG 3 will contribute significantly to fulfilling the right to health. Unpreparedness and unreadiness of the state to properly address the targets under SDG 3 will be a missed opportunity to fulfill the citizens' right to health.

Ignoring the human rights values, principles and standards will disrupt the achievement of the SDGs. Therefore, the COVID-19 pandemic must be used as momentum to evaluate and reorganize policy and governance that is related to health and development in general. The SDGs serve as a comprehensive framework to address the issues at stake, and with a human rights-based approach to SDG planning and implementation the Covid-19 impacts will be addressed. This includes various aspects, from infrastructure, legal issues, human resources, etc. – and involves initiating cooperation between the government and non-government agencies.

Inequality in the distribution of medical and healthcare personnel is also a significant issue in the mitigation of the COVID-19 pandemic. The limited number of medical and health workers who are unevenly distributed throughout the regions, and the need to focus health services on COVID-19 response and mitigation, carries with it a risk of disrupting non-COVID-19 related health services. Citizens' right to health is very likely to be neglected.

Beside health issues, there are several others which also deserve further attention. The first is related to something crucial in stimulating initiatives, solidarity, and citizen participation in the mitigation efforts of the COVID-19 pandemic, namely, information. In *Tata Kelola Penanggulangan COVID-19 dalam Perspektif HAM*, Komnas HAM RI noted how non-transparent, unqualified, and out-of-sync information between the central and regional governments had neglected citizens' rights to information. Moreover, limited and low-quality information has plunged the residents into darkness, resulting in an erosion of the social cohesion that is needed in an emergency situation such as the COVID-19 pandemic. So far, the authorities' attention has been more focused on misleading information, hoaxes, and so forth, but little attention has been paid to citizens' right to information, which requires transparency and professionalism on behalf of the authorities. Certainly, misinformation and rumors contribute to the poor communication ecosystem, but the reluctance of the state to guarantee citizens' right to information has diminished the citizens' opportunity to participate and to demonstrate solidarity.

While this research is compiled, the spread of COVID-19 is still ongoing. Ensuring that no one is left behind in the response and mitigation measures must be a priority. This study sees people with disabilities as one of the groups who are left behind in various mitigation efforts, including those related to education and social protection. Children are in a similar situation, especially those from low-income families who become affected by the current education policies and limited social protection. Meanwhile, women face multiple levels of vulnerabilities, starting from the health aspect, with the disruption of its essential services; protection of workers' rights where most of the informal and migrant workers are women; as well as increasing violence against the women during the pandemic.

Besides ensuring that no one is left behind, social protection policies, especially social assistance, are one of the issues highlighted in this study. Misdirected targets, incompatibility with citizens' needs, complicated procedures in accessing them, and poor *tata kelola* social assistance, are the fundamental issues to adress to fulfil citizens' right to social security. Poor data collection and management are considered to be the main causes of the problems. The design of social protection policies and programs, which are still target-oriented and not yet lifecycle-based, causing the implementation of social assistance to encounter many problems.

The need for a human rights-based approach to the response and mitigation of COVID-19 and the achievement of the SDGs, is becoming more evident.The developments over the past year have shown that without respect for and enforcement of human rights values, norms and principles, the citizens' livelihoods and realization of fundamental rights are deteriorating due to COVID-19, and the SDGs targets are becoming more difficult to achieve.

3.2. Recommendations

Based on these conclusions, this preliminary study recommends several things to the government and Komnas HAM RI as well.

1. Recommendations to the government:

    a. The government is encouraged to design better social protection governance based on two considerations. First, the implementation of social assistance still has many problems, as stated in this study. Second, the large amount of allocated budget makes it vulnerable to criminal acts of corruption. Reform of the social protection program needs to be carried out immediately, based on the life cycle, and comply with human rights norms, principles and standards, as stipulated in the 1945 Constitution of the Republic of Indonesia, the Human Rights Law, and various fundamental human rights instruments internationally.

    b. The government is encouraged to build better and more sustainable health governance. It includes ensuring the availability and distribution of medical and healthcare personnel, medical equipment, vaccines, as well as guaranteeing the protection of health workers' right to life. Good policies and programs to address the availability and inequality of medical and healthcare personnel are needed to ensure the fulfillment of citizens' right to health, as well as ensuring that health workers' safety and right to life are guaranteed.

    c. In the mitigation of COVID-19, the government needs to create framework that aligns with human rights principles, and integrate them in the SDG planning and programming. Besides providing working principles/paradigms, the instruments give the more technical but comprehensive working methods, such as evaluation tools and indicators, and ensures that no one is left behind. In their arrangement and implementation, it is essential to involve related institutions such as Komnas HAM RI.

2. Recommendations to Komnas HAM RI:

    a. Komnas HAM RI needs to maintain consistency in its role in monitoring the mitigation of the COVID-19 pandemic, either from the health, or social and economic aspects, so it will not leave anyone behind, which is in line with human rights standards.

    b. Komnas HAM RI needs to continue to develop more comprehensive initiatives integrating SDGs and human rights, and use it to ensure that governance for the mitigation of the COVID-19 pandemic is in line with the SDGs and human rights agenda.

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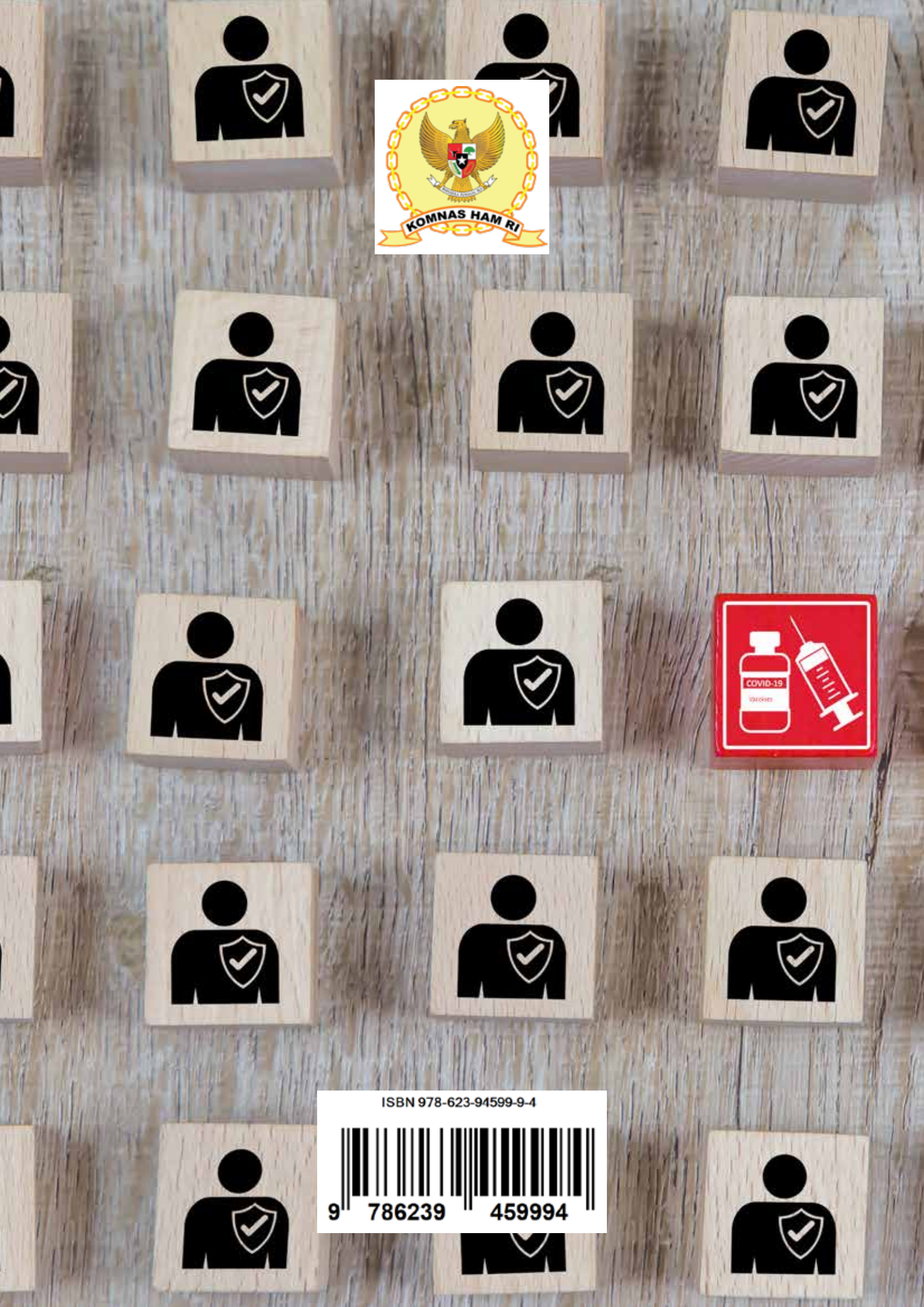

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