



COPY

**REGENT SUKOHARJO
PROVINCE OF CENTRAL JAVA
REGIONAL REGULATIONS OF SUKOHARJO DISTRICT
NUMBER 10 OF 2020
ABOUT
DISEASE PREVENTION AND MANAGEMENT
BY THE GRACE OF GOD ALMIGHTY
REGENT SUKOHARJO,**

Weigh

: a. that the development of disease knows no boundaries, age, social status and gender, so prevention and control needs to be carried out in order to fulfill human rights, one of which is health;

b. that population mobility and lifestyle changes as well as environmental changes in Sukoharjo Regency can influence changes in disease patterns including which could give rise to Extraordinary Events and/or an epidemic that endangers public health so that regulatory guidelines are needed that guarantee public health in Sukoharjo Regency;

c. that based on the provisions of Article 12 paragraph (1) letter b of Law Number 23 of 2014 concerning Regional Government as amended several times, most recently by Law Number 11 of 2020 concerning Job Creation, health is

one of the related mandatory government affairs with basic services that fall under the authority of the Region;

d. that based on the considerations as intended in letter a, letter b and letter c, need to form Regional Regulations on Disease Prevention and Control;

Remember

: 1. Article 18 paragraph (6) of the 1945 Constitution of the Republic of Indonesia;

2. Law Number 13 of 1950 concerning the Establishment of Regency Regions within the Province of Central Java;

3. Law Number 8 of 1981 concerning Criminal Procedure Law (State Gazette of the Republic of Indonesia of 1981 Number 76, Supplement to State Gazette of the Republic of Indonesia Number 3209);

4. Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases (State Gazette of the Republic of Indonesia of 1984 Number 20, Supplement to State Gazette of the Republic of Indonesia Number 3273);
5. Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia Year 2009 Number 144, Supplement to the State Gazette of the Republic of Indonesia Number 5063), as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia of 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573); 6. Law Number 44 of 2009 concerning Hospitals (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to State Gazette of the Republic of Indonesia Number 5072), as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia Year 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573); 7. Law Number 23 of 2014 concerning Regional Government (State Gazette of the Republic of Indonesia of 2014 Number 244, Supplement to State Gazette of the Republic of Indonesia Number 5587) as amended several times, most recently by Law Number 11 of 2020 concerning Job Creation (State Gazette Republic of Indonesia Year 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);
8. Law Number 6 of 2018 concerning Health Quarantine (State Gazette of the Republic of Indonesia of 2018 Number 128, Supplement to State Gazette of the Republic of Indonesia Number 6236);
9. Government Regulation Number 27 of 1983 concerning Implementation of the Criminal Procedure Code (State Gazette of the Republic of Indonesia of 1983 Number 36, Supplement to State Gazette of the Republic of Indonesia Number 3258), as amended by Government Regulation Number 58 of 2010 concerning Amendments to Regulations Government Number 27 of 1983 concerning Implementation of the Criminal Procedure Code (State Gazette of the Republic of Indonesia of 2010 Number 90, Supplement to State Gazette of the Republic of Indonesia Number 5145);
10. Government Regulation Number 40 of 1991 concerning Management of Infectious Disease Outbreaks (State Gazette of the Republic of Indonesia of 1991 Number 49, Supplement to State Gazette of the Republic of Indonesia Number 3447);
11. Government Regulation Number 47 of 2016 concerning Health Services (State Gazette of the Republic of Indonesia of 2016 Number 29, Supplement to State Gazette of the Republic of Indonesia Number 5942);
12. Presidential Regulation Number 17 of 2018 concerning Implementation of Disaster Management in Certain Circumstances (State Gazette of the Republic of Indonesia of 2018 Number 34);

13. Sukoharjo Regency Regional Regulation Number 6 of 2014 concerning Implementation of Disaster Management (2014 Sukoharjo Regency Regional Gazette Number 6, Supplement to Sukoharjo Regency Regional Gazette Number 213);
14. Sukoharjo Regency Regional Regulation Number 4 of 2016 concerning Civil Servant Investigators (Sukoharjo Regency Regional Gazette of 2016 Number 4, Supplement to Sukoharjo Regency Regional Gazette Number 229);
15. Sukoharjo Regency Regional Regulation Number 12 of the Year 2016 concerning the Formation and Structure of Regional Apparatus (2016 Sukoharjo Regency Regional Gazette Number 12, Supplement to Sukoharjo Regency Regional Gazette Number 236);

With Mutual Consent

REGIONAL PEOPLE'S REPRESENTATIVE COUNCIL OF SUKOHARJO DISTRICT

And

REGENT SUKOHARJO

DECIDE:

Establish: REGIONAL REGULATIONS CONCERNING DISEASE PREVENTION AND MANAGEMENT.

PIG

GENERAL REQUIREMENTS

article 1

In this Regional Regulation what is meant by:

1. The Central Government, hereinafter referred to as the Government, is the President of the Republic of Indonesia who holds the power of the government of the Republic of Indonesia assisted by the Vice President and ministers as referred to in the 1945 Constitution of the Republic of Indonesia.
2. The region is Sukoharjo Regency.
3. Regional Government is the Regent as the organizing element of the Regional Government which leads the implementation of government affairs which are the authority of the autonomous Region.
4. Minister is the minister who administers affairs government in the health sector.
5. The Regent is the Regent of Sukoharjo.
6. Disease is a pathological condition in the form of functional and/or morphological abnormalities of an organ and/or tissue in the human body, including biochemical abnormalities that will cause functional disorders.

- 7. Infectious diseases are diseases that can be transmitted to humans caused by biological agents, including viruses, bacteria, fungi and parasites.**
- 8. Non-communicable diseases are diseases that cannot be transmitted from person to person, whose development occurs slowly over a long period of time (chronic).**
- 9. Disease Prevention and Management are activities to prevent disease and treat sufferers so that there is no expansion/transmission/disability/death due to disease through promotive, preventive, curative, palliative and rehabilitative health efforts.**
- 10. Epidemiological investigation is an investigation carried out to identify the nature of the causes, sources and modes of transmission as well as factors that can influence outbreak.**
- 11. Epidemiological *surveillance* is an analytical activity systematically and continuously regarding diseases or health problems and conditions that influence the increase and transmission of these diseases or health problems, in order to carry out countermeasures effectively and efficiently through the process of data collection, processing and dissemination of epidemiological information to health program administrators.**
- 12. An infectious disease outbreak, hereinafter referred to as an epidemic, is an outbreak of an infectious disease in a community where the number of sufferers increases significantly beyond the normal situation at a particular time and area and can cause disaster.**
- 13. Extraordinary Events, hereinafter abbreviated as KLB, are the emergence or increasing incidence of morbidity and/or death which is epidemiologically significant in an area within a certain period of time, and is a situation that can lead to an outbreak.**
- 14. Health Service Facilities are tools and/or places used to provide health service efforts, whether promotive, preventive, curative, palliative or rehabilitative, carried out by the government, regional government and/or the community.**
- 15. Health efforts are every activity and/or series of activities carried out in an integrated manner, comprehensive, integrated and sustainable for maintaining and improving the level of public health in the form of preventing disease, improving health, treating disease, and restoring health.**
- 16. Quarantine is the restriction of activities and/or separation of a person who has been exposed to an infectious disease as stipulated in statutory regulations even though they have not shown any symptoms or are in the incubation period, and/or the separation of means of transportation, or any goods that are suspected of being contaminated from the person and/or items that contain disease-causing agents or other sources of contamination to prevent the possibility of spread to people and/or items in the vicinity.**

17. Isolation is the separation of sick people and those who are or are suspected of being sick from healthy people carried out in health service facilities or at their respective residences under the supervision of medical officers to receive treatment and care.
18. Every person is an individual or entity, whether a legal entity or a non-legal entity.

Section 2

Disease Prevention and Control in the Region is carried out based on the principles of:

- a. humanity;
 - b. balance;
 - c. benefit;
 - d. protection; e.
- respect for rights and obligations; justice;
- f.
 - g. gender and non-discrimination; And
 - h. religious norms.

Article 3

- (1) The purpose of enacting this Regional Regulation is as a guideline for the Regional Government and the Community in implementing Disease Prevention and Control in the Region.
- (2) Disease Prevention and Control in the Region aims to:
- a. reducing the spread of disease;
 - b. reducing the number of sufferers;
 - c. reducing the number of deaths;
 - d. reducing the social, cultural and economic impacts of disease on individuals, families and communities;
 - e. optimizing cure rates;
 - f. maintain community resilience and health; And
 - g. improve community welfare.

CHAPTER II

SCOPE

Article 4

The scope of this Regional Regulation includes:

- a. Disease Groups and Types; b.
- Rights and obligations; c.
- Implementation of Disease Prevention and Management;

- d. Health Resources;
- e. Disease Prevention and Control Coordination Team Infectious;
- f. Prohibition;
- g. Restrictions on Community Activities;
- h. Guidance and supervision; And
- i. Penalty.

CHAPTER III

GROUPS AND TYPES OF DISEASES

Part One

General

Article 5

Disease groupings are divided into:

- a. Infectious diseases; and b.

Non-Communicable Diseases.

The second part

Infectious diseases

Article 6

Infectious diseases as referred to in Article 5 letter a, based on the method of transmission are grouped into:

- a. direct infectious disease; and b. vector-borne diseases and disease-carrying animals.

Article 7

Direct infectious diseases as intended in Article 6 letter a consist of:

- a. Diphtheria;
 - b. Pertussis;
 - c. Tetanus;
 - d. Polio;
 - e. Measles;
 - f. Typhoid;
 - g. Cholera;
 - h. Rubella;
 - i. *Yellow Fever*;
 - j. Influenza; k.
- Meningitis;**
- l. Tuberculosis;

- m. Hepatitis
- n. Pneumococcal disease; o. disease caused by Rotavirus; p. disease caused by Human Papilloma Virus;
- q. ebola virus disease;
- r. MERS-CoV;
- s. Gastrointestinal Infections;
- t. Sexually Transmitted Infections;
- u. *Human Immunodeficiency Virus Infection* ;
- v. Respiratory Tract Infections;
- w. Leprosy;
- x. Yaws; And
- y. *Corona Virus Disease 2019*.

Article 8

Types of vector-borne diseases and disease-carrying animals as referred to in Article 6 letter b, consist of:

- a. Malaria;
- b. Dengue fever;
- c. Chikungunya;
- d. Filariasis and Worms;
- e. Schistosomiasis;
- f. Japanese Encephalitis;
- g. Rabies;
- h. Anthrax;
- i. Plague;
- j. Toxoplasma;
- k. Leptospirosis;
- l. Bird Flu (*Avian Influenza*);
- m. *West Nile*; And
- n. New influenza A (H1N1).

Article 9

- (1) Certain types of infectious diseases can cause outbreaks and/or Plague.
- (2) Determination of certain types of infectious diseases that can cause outbreaks and/or epidemics as intended in paragraph (1) is based on considerations: a. epidemiologist; b. socio-cultural; c. security;

- d. economy;
- e. science and technology; and f. causing a disastrous impact on society.

Article 10

Certain types of infectious diseases that can cause KLB and/or Outbreak as referred to in Article 9, as follows:

- a. Cholera;
- b. Plague;
- c. Dengue Hemorrhagic Fever;
- d. Measles;
- e. Polio;
- f. Diphtheria;
- g. Pertussis;
- h. Rabies;
- i. Malaria;
- j. Avian Influenza H5N1;
- k. Anthrax;
- l. Leptospirosis;
- m. Hepatitis;
- n. New influenza A (H1N1)
- o. Meningitis;
- p. *Yellow Fever*;
- q. Chikungunya;
- r. *Corona Virus Disease 2019*; And
- s. **Certain other infectious diseases that can cause**
The epidemic is determined by the Government.

Part Three

Non-Communicable Diseases

Article 11

- (1) **Non-Communicable Diseases as intended in Article 5 letter b are grouped based on body systems and organs.**
- (2) **The grouping of non-communicable diseases as intended in paragraph (1) includes:**
 - a. malignant disease;
 - b. endocrine, nutritional, and metabolic diseases;
 - c. nervous system diseases;
 - d. respiratory system diseases; e. circulatory system diseases; f. eye and adnexa diseases;

- g. ear and mastoid diseases; h.**
- skin and subcutaneous tissue diseases;**
- i. diseases of the musculoskeletal system and connective tissue;**
- j. diseases of the genitourinary system;**
- k. mental and behavioral disorders; And**
- l. blood disorders and disorders of the formation of blood organs.**

CHAPTER IV

RIGHTS AND OBLIGATIONS

Part One

Right

Article 12

Everyone has the right:

- a. gain equal access to resources in the field health;**
- b. receive good, safe, health care quality, and affordable;**
- c. determine your own health services;**
- d. get a clean and healthy environment;**
- e. obtain health information; And**
- f. receive health services in accordance with the provisions legislation.**

The second part

Obligation

Article 13

Everyone is obliged to:

- a. participate in improving health status through individual health efforts, community health efforts and health-oriented development;**
- b. respecting the rights of others in an effort to obtain a healthy environment, whether physical, biological or social;**
- c. carry out clean and healthy living behavior;**
- d. maintain and improve the health status of others for which he is responsible;**
- e. convey information about the presence of a patient or suspected patient sufferers as a result of infectious diseases and/or those designated as outbreaks and/or epidemics; And**
- f. comply with provisions relating to efforts to prevent and stop the transmission of diseases designated as outbreaks and/or epidemics.**

Article 14

- (1) Every business actor, manager, organizer or person in charge of public places and facilities is obliged to comply with the health protocol for preventing and controlling diseases that have been determined to be an outbreak and/or outbreak.
- (2) Every business actor, manager, organizer or person in charge of public places and facilities in the context of preventing and controlling diseases which are transmitted through respiratory droplets *and /or* are transmitted through the air (*airborne disease*), are obliged to comply with health protocols. and carry out activities:
 - a. socialization, education and/or use of various information media to provide insight and comprehension regarding disease prevention and control;
 - b. Providing facilities for washing hands with soap that are easily accessible and meet standards or providing fluids hand sanitizer ;
 - c. identification (screening) and health monitoring efforts for everyone who is active in the work environment;
 - d. efforts to maintain distance;
 - e. regular cleaning and disinfection of the environment;
 - f. enforcing discipline on community behavior that is at risk of disease transmission and transmission; and/or
 - g. facilitating early detection in case handling for anticipate the spread of disease.

CHAPTER V

IMPLEMENTATION OF PREVENTION AND COMMANDMENT DISEASE

Part One

Infectious diseases

Article 15

- (1) The Regional Government and the community are responsible for making efforts to prevent and control Infectious Diseases and their consequences.
- (2) Efforts to prevent and control infectious diseases as intended in paragraph (1) are carried out to protect the public from contracting disease, reduce the number of people who are sick, disabled and/or die, as well as to reduce the social and economic impacts caused by infectious diseases.
- (3) Efforts to prevent and control infectious diseases as intended in paragraph (1) are carried out through promotive, preventive, curative and rehabilitative activities for individuals or communities.

- (4) Prevention and control of sources of infectious diseases as intended in paragraph (3) is carried out on the environment and/or people and other sources of infection.**
- (5) The efforts as intended in paragraph (1) are carried out on a regional basis.**
- (6) Implementation of efforts as intended in paragraph (3) carried out across sectors.**
- (7) Efforts to prevent and control infectious diseases as intended in paragraph (1) are carried out based on the provisions of statutory regulations.**

Article 16

- (1) The Regional Government periodically determines and announces the types and distribution of diseases that have the potential to be contagious and/or spread within a short time, as well as mentioning areas that could be sources of infection.**
- (2) Regional Governments can carry out surveillance of infectious diseases as intended in paragraph (1).**
- (3) In carrying out surveillance as intended in paragraph (2), the Regional Government can collaborate with the community.**
- (4) The Regional Government determines the type of disease that requires quarantine, place of quarantine, and duration of quarantine.**
- (5) The Regional Government in determining and announcing the types and distribution of diseases that have the potential to be contagious and/or spread in a short time and carrying out surveillance and determining the types of diseases that require quarantine, place of quarantine, and duration of quarantine are guided by the provisions as intended in paragraph (1) .**

Article 17

Regional Governments can establish control programs for the types of Infectious Diseases as referred to in Article 7 and Article 8, as regional priorities with the following criteria:

- a. locally endemic disease;**
- b. Potential infectious disease outbreaks;**
- c. high fatality/high death rate;**
- d. has social, economic, political and resilience impacts wide; and/or e.**

become targets for global reduction, elimination and eradication.

Article 18

- (1) Efforts to prevent and control infectious diseases are carried out through activities:**
 - a. health promotion;**

- b. health surveillance;
- c. risk factor control; d. case finding; f. case management;
- g. providing immunity (immunization);
- h. mass administration of preventive drugs; And
- i. other activities determined by the Minister.

(2) Prevention and control efforts as intended in paragraph (1) are intended to deal with potential outbreaks, for community groups infected with infectious diseases, the following activities are carried out:

- a. finding patients in health care facilities;
- b. epidemiological investigations; c. mass treatment; d. providing mass immunity; and e. intensification of risk factor control.

**The second part
Non-Communicable Diseases
Article 19**

- (1) The Regional Government and the community are responsible for carrying out efforts to prevent and control non-communicable diseases and their consequences.**
- (2) Efforts as intended in paragraph (1) are to increase knowledge, awareness, willingness to behave healthily and prevent the occurrence of Non-Communicable Diseases and their consequences.**
- (3) Efforts to prevent and control non-communicable diseases as intended in paragraph (1) are carried out through promotive, preventive, curative and rehabilitative activities for individuals or communities.**
- (4) Efforts to prevent and control non-communicable diseases as intended in paragraph (1), paragraph (2) and paragraph (3) are carried out in accordance with the provisions of statutory regulations.**

Article 20

- (1) Efforts to prevent and control non-communicable diseases are carried out using risk factor surveillance, disease registry and death surveillance approaches.**
- (2) The activities as intended in paragraph (1) aim to obtain essential information that can be used for decision making in Efforts to Prevent and Control Non-Communicable Diseases.**

- (3) The activities as intended in paragraph (1) are carried out through cross-sector cooperation and by forming networks, both Regional, Provincial, National and International in accordance with the provisions of statutory regulations.**

Article 21

- (1) The Regional Government together with the community are responsible for carrying out correct communication, information and education regarding risk factors for Non-Communicable Diseases covering all phases of life.**
- (2) The risk factors as intended in paragraph (1) include, among others includes:**
- a. unbalanced diet; b.**
 - lack of physical activity;**
 - c. smoke;**
 - d. consuming alcohol; e.**
 - improper traffic behavior; And**
 - f. unhealthy environment.**

Article 22

- (1) Non-Communicable Disease health service management covers the entire spectrum of promotive, preventive, curative and rehabilitative services.**
- (2) Service management as referred to in paragraph (1) is managed professionally so that Non-Communicable Disease health services are available, acceptable, easy to achieve, high quality and affordable to the community.**
- (3) Service management as intended in paragraph (1) is focused on early detection and treatment of Non-Communicable Diseases.**

Part Three

Outbreak and/or Outbreak

Article 23

- (1) The Regional Government and the community carry out handling outbreaks and/or epidemics in an integrated manner.**
- (2) Management of KLB and/or Outbreak as referred to in paragraph (1) includes: a.**
- epidemiological investigations;**
 - b. management of sufferers which includes examination, treatment, care and isolation of sufferers, including quarantine measures;**
 - c. prevention and immunization; d.**
 - eradication of disease causes;**
 - e. handling corpses resulting from the epidemic;**

f. outreach to the community; and g. other countermeasures.

(3) Other countermeasures as referred to in paragraph (2) letter g include:

- a. carry out temporary social restrictions on public facilities, workplaces, social, educational, economic and business facilities as well as other facilities;
- b. carry out intensive observations/surveillance during an outbreak;
And
- c. evaluate integrated response efforts.

(4) Other countermeasures as referred to in paragraph (3) are carried out in accordance with the type of disease that causes the KLB and/or Outbreak in the Region.

(5) Further provisions regarding KLB and/or Outbreak prevention activities as referred to in paragraph (2) are regulated in a Regent's Regulation.

Article 24

(1) Everyone is obliged to comply with the Prevention and Prevention protocols Disease Management determined by the Government in the event of an outbreak and/or epidemic.

(2) In the event of an outbreak and/or epidemic as referred to in paragraph (1) which is transmitted through respiratory droplets *and* /or is transmitted through the air (*airborne disease*), then everyone is obliged to comply with health protocols, including:

- a. use personal protective equipment in the form of a mask that covers the nose and mouth up to the chin, if you have to leave the house or interact with other people whose health status is unknown;
- b. maintain *physical distancing* of at least 1 (one) meter when outside the house;
- c. wash your hands regularly using soap and running water;
- d. avoid or not carry out activities that can invite large numbers of people or cause crowds; and/or
- e. carry out independent isolation either at home and/or in an isolation room according to established health protocols.

CHAPTER VI

HEALTH RESOURCES

Part One

General

Article 25

(1) The Regional Government guarantees the availability of resources health in prevention and control efforts disease.

- (2) Availability of health resources as intended in paragraph (1) is directed at: a. Infectious diseases; and b. Non-Communicable Diseases.**

The second part

Availability of health resources for Infectious Diseases

Article 26

Availability of health resources for Infectious Diseases as intended in Article 25 paragraph (1) letter a includes human resources, technology and funding.

Article 27

- (1) Availability of human resources as intended in Article 26 includes health workers and non-health workers who have competencies appropriate to response activities.**
- (2) The technical competency of human resources as intended in paragraph (1) is obtained through education and/or training proven by a competency certificate in accordance with statutory provisions.**

Article 28

- (1) Regional Government and the community in implementing Infectious Disease Control utilize and develop technology.**
- (2) The use and development of technology as intended in paragraph (1) is supported by research, technology screening and laboratory testing.**
- (3) The use and development of technology as intended in paragraph (1) is carried out without causing negative impacts on humans and the environment.**

Article 29

- (1) Funding as intended in Article 26 is sourced from the Regional Revenue and Expenditure Budget.**
- (2) Apart from being sourced from the Regional Revenue and Expenditure Budget as intended in paragraph (1), funding can be sourced from: a. State budget;**
- b. private, and/or**
- c. other legitimate and non-binding sources according to the provisions legislation.**

Part Three

Availability of health resources for Non-Communicable Diseases

Article 30

Availability of health resources for Non-Communicable Diseases as intended in Article 25 paragraph (2) letter b includes human resources, health facilities and funding.

Article 31

Availability of human resources as referred to in Article 30 includes health workers and non-health workers.

Article 32

Health facilities as intended in Article 30 include individual health services and community health services.

Article 33

- (1) Funding as intended in Article 30 is sourced from the Regional Revenue and Expenditure Budget.
- (2) Apart from being sourced from the Revenue and Expenditure Budget For regions as intended in paragraph (1), funding can be sourced from:
 - a. State budget;
 - b. private, and/or
 - c. other legitimate and non-binding sources according to the provisions legislation.

CHAPTER VII

PREVENTION AND COORDINATION TEAM MANAGEMENT OF INFECTIOUS DISEASES

Article 34

- (1) Regional Governments in the Prevention and Management of Infectious Diseases that result in KLB and/or Outbreaks can form a Coordination Team for the Prevention and Management of Infectious Diseases in the Region.
- (2) Disease Prevention and Control Coordination Team Infectious as intended in paragraph (1) has the following functions:
 - a. establishing policies for the Prevention and Control of Infectious Diseases in the regions; And
 - b. law enforcement of health protocols in the Prevention and Control of Infectious Diseases.
- (3) The formation of the Infectious Disease Prevention and Control Coordination Team as intended in paragraph (1) is determined by a Regent's Decree.

CHAPTER VIII

PROHIBITION

Article 35

Everyone is prohibited from:

- a. hinder the implementation of Prevention and Response Disease;
- b. neglecting and not informing authorized officials of sufferers or suspected sufferers of diseases that have been determined to be an outbreak and/or epidemic;
- c. carry out actions to spread disease transmission;
- d. carry out actions and/or activities that can cause crowds during an outbreak and/or epidemic, thereby potentially spreading infectious diseases;
- e. carry out acts of discrimination and/or stigmatization in any form against sufferers or suspected sufferers of the disease; And
- f. carry out medical action on sufferers or suspected sufferers of diseases designated as outbreaks and/or epidemics that are not in accordance with their authority.

CHAPTER IX

RESTRICTIONS ON COMMUNITY ACTIVITIES

Article 36

- (1) In an effort to prevent and control diseases that result in outbreaks and/or epidemics, the Regent can limit community activities, both in the religious, social, economic and other areas.
- (2) Restrictions on religious activities as intended in paragraph (1) are determined based on statutory regulations.
- (3) Restrictions on social and economic activities as intended in paragraph (1) which cause crowds are still guided by the Infectious Disease Prevention and Control protocols established by the Government.
- (4) Restrictions on other activities as intended in paragraph (1) are activities other than religious, social and economic.
- (5) Further provisions regarding the Implementation of Restrictions on Community Activities are regulated in a Regent's Regulation.

CHAPTER X

GUIDANCE AND SUPERVISION

Part One

General

Article 37

- (1) The Regent carries out guidance and supervision of Disease Prevention and Management.

- (2) Guidance and supervision as intended in paragraph (1) includes:
- a. Infectious diseases; and
 - b. Non-Communicable Diseases.

The second part

Infectious Disease Development and Supervision

Article 38

- (1) Guidance on the Prevention and Control of Infectious Diseases as intended in Article 37 paragraph (2) letter a, is carried out through:
- a. community empowerment; b. utilization of health workers; and
 - c. program financing.
- (2) Community empowerment as intended in paragraph (1) letter a, carried out by:
- a. advocacy and outreach;
 - b. building and improving work networks or partnerships; and/or
 - c. awards.
- (3) Utilization of health workers as intended in paragraph (1) letter b, this is done by:
- a. technical education and training; b. awards; and/or
 - c. promotion.
- (4) Program financing as referred to in paragraph (1) letter c, is carried out in accordance with the provisions of statutory regulations.

Article 39

- (1) The Regent supervises the community, managers, organizers or people in charge of the Infectious Disease Prevention and Control program.
- (2) The Regent in carrying out supervision as follows referred to in paragraph (1) can:
- a. delegate to regional officials who carry out government affairs in the health sector; and/or
 - b. appoint supervisory officials for the Prevention and Control of Infectious Diseases who are functional officials.

The second part

Development and Supervision of Non-Communicable Diseases

Article 40

- (1) Guidance on the implementation of Prevention and Control Non-Communicable Diseases as intended in Article 37 paragraph (2) letter b, can be carried out through:

- a. increasing technical capacity and human resource management;
- b. community empowerment; And
- c. provision of operational financing and supporting facilities.

(2) Supervision of the implementation of Prevention and Control of Non-Communicable Diseases can be carried out through monitoring and evaluation, data verification and validation, as well as report audits.

CHAPTER XI

COMMUNITY PARTICIPATION

Article 41

(1) The community plays an active role, both individually and as an organization, in implementing Disease Prevention and Management.

(2) Community participation as intended in paragraph (1) is carried out through:

- a. planning, implementation, monitoring, assessment and supervision processes;
- b. providing assistance with facilities, experts, funds and/or other forms;
- c. providing guidance, motivation and counseling as well as disseminating information;
- d. contribution of thoughts and considerations regarding the discovery of technical policies and/or implementation of protection against disease; and
- e. Community Based Health Effort activities.

(3) Community participation as intended in paragraph (2) is in accordance with statutory provisions.

CHAPTER XII

ADMINISTRATIVE SANCTIONS

Article 42

(1) Every person who violates the provisions of Article 14 and Article 24 were subject to administrative sanctions.

(2) Administrative sanctions as intended in paragraph (1)

in the

form of: a. verbal

warning; b. written

warning; c. temporary suspension of activities;

d. permanent cessation of activities; e.

temporary revocation of permits; f.

permanent revocation of permits;

g. mass dispersal; h. social

work; i. police

coercive power; j. administrative

finer; and/or k. other administrative

sanctions in accordance with statutory provisions.

- (3) Further provisions regarding the procedures for imposing administrative sanctions as intended in paragraph (2) are regulated in a Regent's Regulation.

CHAPTER XIII

PROVISIONS OF INVESTIGATION

Article 43

- (1) Apart from the Republic of Indonesia State Police Investigators who are tasked with investigating criminal acts, investigations into criminal acts as intended in this Regional Regulation can be carried out by PPNS within the Regional Government whose appointment is determined in accordance with the provisions of statutory regulations.
- (2) In carrying out investigative duties, Civil Servant Investigating Officials as intended in paragraph (1), have the authority to: a. receive a report or complaint from someone regarding a criminal act; b. take first action at that time at the scene and carry out an inspection;
- c. order a suspect to stop and search suspect's personal identification;
- d. confiscate objects and/or letters; e. taking fingerprints and photographing a person; f. summon people to be heard and examined as suspects or witnesses;
- g. bringing in experts needed in connection with the case examination;
- h. terminate the investigation after receiving instructions that there is not enough evidence or that the incident does not constitute a criminal act and then notify the public prosecutor, suspect or his family of this; And
- i. carry out other actions according to law that can be accounted for.
- (3) In carrying out their duties, PPNS has no authority to arrest and/or detain.
- (4) PPNS as intended in paragraph (1) notifies the start of the investigation and conveys the results of the investigation to the Public Prosecutor through the State Police Investigator Republic of Indonesia in accordance with the provisions regulated in the Criminal Procedure Code.

CHAPTER XIV

CRIMINAL PROVISIONS

Article 44

- (1) Any person who violates the provisions of Article 35 letters a to e, shall be punished with imprisonment for a maximum of 3 (three) months or a fine of a maximum of IDR 50,000,000.00 (fifty million rupiah).
- (2) The criminal act as intended in paragraph (1) is a violation.

- (3) Every person who violates the provisions of Article 35 letter f, will be subject to sanctions in accordance with the provisions of statutory regulations.

CHAPTER XV

TRANSITIONAL PROVISIONS

Article 45

- (1) Task force or Prevention and Control Team

Diseases that existed before this Regional Regulation was promulgated will continue to carry out their duties until the outbreak and/or epidemic period ends or an Infectious Disease Prevention and Control Coordination Team or team is formed in accordance with the provisions of statutory regulations.

- (2) Regional legal products that have been established before this Regional Regulation is promulgated remain valid as long as they do not conflict with this Regional Regulation.

CHAPTER XVI

CLOSING

Article 46

This local regulation are applied at the date stated.

So that everyone is aware, this Regional Regulation is ordered to be promulgated by placing it in the Sukoharjo Regency Regional Gazette.

Set in Sukoharjo

on December 23, 2020

REGENT SUKOHARJO,

signed

WARDOYO WIJAYA

Promulgated in Sukoharjo
on December 23, 2020

**PIs. REGIONAL SECRETARY
SUKOHARJO DISTRICT,**

signed

WIDODO

**DISTRICT REGIONAL GAZETTE
SUKOHARJO YEAR 2020 NUMBER 10**

**Copy Corresponds to the original
Head of Legal Department**

signed

**BUDI SUSETYO, SH, MH
Level I Supervisor
NIP.19730705 199203 1 004**

**NOREG REGIONAL REGULATIONS OF SUKOHARJO DISTRICT,
CENTRAL JAVA PROVINCE: (10-362/2020)**

**EXPLANATION
ON
REGIONAL REGULATIONS OF SUKOHARJO DISTRICT
NUMBER 10 OF 2020
ABOUT
DISEASE PREVENTION AND MANAGEMENT**

I. GENERAL.

Health is a healthy condition, both physically, mentally, spiritually and socially, which enables everyone to live a productive life socially and economically. The degree of social welfare, which is a human right, can be determined from the morbidity rate, disability rate and death rate due to disease, so that in order to create a healthy and prosperous society, integrated, comprehensive and sustainable prevention and control efforts are needed.

Prevention and control are interrelated efforts, which are characterized by reducing morbidity, disability and death rates. Disease prevention is any form of effort made to avoid or reduce risk factors, problems and adverse impacts due to disease, while disease control is an activity carried out in an integrated manner including: epidemiological investigation (PE) and surveillance; patient management (examination, treatment, care, and isolation and quarantine measures); prevention and immunization; eradication of disease causes; interment of bodies; outreach to the community and other countermeasures.

The development of the disease knows no boundaries of region, age, social status and gender. Changes in disease patterns in question can be influenced by developments in science and technology, population mobility and changes in lifestyle and environmental changes. So it is necessary to carry out promotive, preventive, curative, palliative and rehabilitative health efforts for prevention and

disease management, considering local specificity/wisdom and potential resources in Sukoharjo Regency, bearing in mind that this is not only the responsibility of the health sector, but involves all related sectors.

In connection with these matters, the formation of this Regional Regulation has strong reasons for being implemented. This Regional Regulation determines and regulates the prevention and control of infectious diseases in Sukoharjo Regency. The things that are determined are diseases that must be prevented and treated.

The things that are regulated are the implementation of the prevention and control of infectious diseases, including the regulation of the provision of health resources, the rights and obligations of the community and the obligations of the Regional Government.

II. ARTICLE BY

ARTICLE Article 1

Quite clear.

Section 2

Letter a

What is meant by "humanitarian principles" are the principles of preventing and controlling disease which are related to respect for human dignity and must be based on humanity which is based on belief in the Almighty God without distinguishing between religious groups and nations.

Letter b

What is meant by "principle of balance" is the principle that preventing and controlling disease must be implemented between the interests of the individual and society, between physical and mental, and between material and spiritual.

Letter c

What is meant by "principle of benefit" is the principle that disease prevention and control must provide the maximum benefit for humanity and a healthy life for every citizen.

Letter d

What is meant by "principle of protection" is the principle that the implementation of disease prevention and control must be able to provide protection and legal certainty to providers and recipients of health services.

Letter e

What is meant by "the principle of respect for rights and obligations" is the principle of disease prevention and management carried out by respecting the rights and obligations of the community as a form of equal legal standing.

Letter f

What is meant by "principles of justice" are principles Disease prevention and control must be able to provide fair and equitable services to all levels of society with affordable funding.

Letter g

What is meant by "principle of gender and non-discrimination" is the principle of preventing and controlling disease which applies not to discriminate between people on the basis of religion, ethnicity, race, ethnicity, group, class, social status, gender, language, political beliefs.

Letter h

What is meant by "the principle of religious norms" is the principle that disease prevention and management must pay attention to, respect and not differentiate between the religions adhered to by the community.

Article 3

Quite clear.

Article 4

Quite clear.

Article 5

Quite clear.

Article 6

Quite clear.

Article 7

Quite clear.

Article 8

Quite clear.

Article 9

Quite clear.

Article 10

Quite clear.

Article 11

Quite clear.

Article 12

Quite clear.

Article 13

Quite clear.

Article 14

Quite clear.

Article 15

Paragraph (1)

Quite clear.

Paragraph (2)

Quite clear.

Paragraph (3)

What is meant by "Promotive health efforts" is an activity and/or series of activities to improve community capacity through learning from, by, for, and with the community so that they can help themselves, as well as developing activities that are community resourced, in accordance with local social culture. and supported by health-oriented public policies.

What is meant by "Preventive health efforts" is an activity and/or a series of preventive activities carried out to avoid or reduce risk factors, problems and negative impacts due to disease.

What is meant by "Curative health efforts" is an activity and/or a series of treatment activities aimed at curing disease, reducing suffering due to disease, controlling disease, or

controlling defects so that the quality of patients can be maintained as optimally as possible.

What is meant by "Rehabilitative health efforts" are activities and/or a series of activities to return sufferers to society so that they can function again as members of society who are useful for themselves and society to the maximum extent possible according to their abilities.

Paragraph (4)

Sufficiently clear

Paragraph (5)

Quite clear

Paragraph (6)

Quite clear

Paragraph (7)

Quite clear.

Article 16

Quite clear.

Article 17

Quite clear.

Article 18

Quite clear.

Article 19

Quite clear.

Article 20

Quite clear.

Article 21

Quite clear.

Article 22

Quite clear.

Article 23

Quite clear.

Paragraph (2)

Quite clear.

Paragraph (3)

Letter a

What is meant by "other facilities" are facilities organized by the Regional Government and the community which can cause crowds/crowds of people.

Letter b

Quite clear.

Letter c

Quite clear.

Paragraph (4)

Quite clear.

Paragraph (5)

Quite clear.

Article 24

Quite clear.

Article 25

Quite clear.

Article 26

Quite clear.

Article 27

Quite clear.

Article 28

Quite clear.

Article 29

Quite clear.

Article 30

Quite clear.

Article 31

Quite clear.

Article 32

Quite clear.

Article 33

Quite clear.

Article 34

Quite clear.

Article 35

Letter a

This includes actions "obstructing the implementation of disease prevention and control" including forcibly taking patients from the hospital, running away from the treatment process, not being willing to receive treatment in accordance with health standards or protocols, questioning the status of patients who have died, etc.

Letter b

What is meant by "authorized official" is an official who has duties and functions in preventing and controlling disease.

Letter c

What is meant by "acts of spreading disease" is the act of spreading disease either through media directly, indirectly or through animals.

Letter d

Quite clear.

Letter e

Quite clear.

Letter f

Quite clear.

Article 36

Paragraph (1)

Quite clear

Paragraph (2)

Quite clear

Paragraph (3)

What includes "restrictions on social and economic activities" includes, among others, activities in the hotel and similar sectors, restaurants and/or eateries, trade and services in shopping centers and the like, trade in traditional markets, celebrations of national holidays, customs and khajatan, entertainment, arts and sports, as well as meeting and/or association activities.

Paragraph (4)

Quite clear

Paragraph (5)

Quite clear

Article 37

Quite clear.

Article 38

Quite clear.

Article 39

Quite clear.

Article 40

Quite clear.

Article 41

Paragraph (1)

Quite clear.

Paragraph (2)

Letter a

Quite clear.

Letter b

Quite clear.

Letter c

Quite clear.

Letter d

Quite clear.

Letter e

What is meant by "Community Based Health Effort activities" are prevention and disease management by establishing and developing an Integrated Development Post for Non-Communicable Diseases (Posbindu PTM).

The Integrated Development Post for Non-Communicable Diseases (Posbindu PTM) can carry out activities for early detection, monitoring and early follow-up of risk factors for Non-Communicable Diseases independently and continuously under the guidance of a public health center.

Article 42

Paragraph (1)

Quite clear.

Paragraph (2)

Letter a

Quite clear.

Letter b

Quite clear.

Letter c

Quite clear.

Letter d

Quite clear.

Letter e

Quite clear.

Letter f

Quite clear.

Letter g

What is meant by "administrative sanctions for mass dispersal" is administrative sanctions by carrying out disbanding people who carry out activities by inviting large numbers of people or creating crowds that violate the provisions of health protocols.

Letter h

What is meant by "social work sanctions" are administrative sanctions that provide sanctions that are educational in nature and do not conflict with norms, including cleaning public facilities or social facilities, cleaning rivers or waterways and so on.

Letter i

What is meant by "administrative sanctions with police coercive power" are administrative sanctions that provide sanctions that are educational in nature and do not conflict with norms, including singing the national song, reciting Pancasila, doing push ups, cleaning the environment, and local government coercion in the form of isolation.

Letter j

Quite clear.

Letter k

Quite clear.

Paragraph (3)

Quite clear.

Article 43

Quite clear.

Article 44

Quite clear.

Article 45

Quite clear.

Article 46

Quite clear.