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Tribal Public Health Law in Tenganan Pegringsingan-Bali: An Emergency Preparedness and Response to Covid 19 Pandemic

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Abstract: Public health law is a legal concept not only regulating the provision of health services but also improving the quality of life and extending access to the service for the public members. Covid-19 opens access to health services for the people, and it serves as an indispensable part in the survival of the people, including the vulnerable people of *adat* law. This research aims to analyze the degree of success in implementing public health law in Tenganan Pegrisingan village-Bali in the scope of preparedness or response to the pandemic. This research employed socio-legal methods involving interviews, observation, and focus group discussion (FGD). Primary data were collected from interviews and FGD, involving the participation of the traditional chief, village head, and other *adat* figures in Tenganan Pegringsingan-Bali. The research analysis required a descriptive-qualitative approach. This research sees how the tenganan Pagringsingan tribe clings on to their sovereignty to survive and respond to the Covid-19 pandemic without leaving their framework governed by international and national laws. It leads to the research result revealing that the public health law in Tenganan Pegrisingan *adat* village combines traditional and modern elements and spiritual and science. This approach can set a model for other village communities. The leadership role of *adat* people that are inherent, strong, and obeyed has made public health law more properly managed and more effective in dealing with the pandemic. The supportive policy framework that is harmonized at all international, national, and regional levels and all over *adat* villages is a prerequisite to help maximize the potential of tribal public health system innovation.

Keywords: tribal public health law, preparedness, response, Covid-19 pandemic, Tenganan Pegringsingan, Bali.

滕加南至峇里岛航线的部落公共卫生法：对共管 19 大流行的应急准备和反应

摘要: 公共卫生法是一个法律概念，不仅规范提供卫生服务，而且改善生活质量，扩大公众获得服务的机会。共管 19 为人民提供了获得卫生服务的机会，它是人民生存不可或缺的一部分，包括阿达特法的弱势群体。本研究旨在分析在滕南佩格里辛安村-巴厘岛实施公共卫生法在应对大流行的准备或反应范围方面的成功程度。这项研究采用了社会法律方法，包括访谈，观察和焦点小组讨论。 主要数据是从访谈和焦点小组讨论中收集的，涉及滕加南至峇里岛航线的传统酋长，村长和其他阿达特人物的参与。研究分析需要描述性-定性方法。这项研究看到滕南[医]传呼机部落如何坚持他们的主权生存和应对共管 19 大流行，而不离开他们的框架由国际和国家法律管辖。它导致研究结果揭示了滕南佩格里辛安阿达特村的公共卫生

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法结合了传统和现代元素以及精神和科学。这种方法可以为其他村庄社区树立榜样。阿达特人的领导作用是固有的，强大的，遵守的，使公共卫生法更妥善管理，更有效地处理大流行病。在所有国际，国家和区域各级以及所有阿达特村庄协调一致的支持性政策框架是帮助最大限度地发挥部落公共卫生系统创新潜力的先决条件。

关键词：部落公共卫生法，准备，应对，新冠肺炎大流行，登加南佩格林辛根，巴厘岛。

1. Introduction

On the 11th of March, 2020, World Health Organization (WHO) declared the spread of Covid-19 as a global pandemic [1]. Health crisis in tackling the pandemic in a region is not only determined based on the policy taken, but it also takes into account which should perform the policy [2]. *Adat* people are deemed vulnerable regarding their access to decent health services, but they also have inherent authority to "make their regulations and be ruled by them" [3]. This article aims to help understand the formulation and application of the tribal public health framework in Tenganan Pegringsingan-Bali in the scope of preparedness and response to Covid-19.

Since the pandemic outbreak, studies on public health law have been developing extensively and profoundly, serving as instruments to improve public health quality. However, most studies have focused on national and regional health law, not much on the reality of law, culture, and public health practices in *adat* communities [4].

Statistics Indonesia reported that Indonesia has 1331 tribes, each with its history, culture, custom, and distinctive legal structure [5]. To face the pandemic, for example, the *adat* village of Tenganan Pegringsingan, Bali, takes a quick response and provides or utilizes existing infrastructure and facilities to deal with the pandemic crisis. Moreover, the long-established culture of spiritual, emotional, and mental aspects growing in the *adat* community will make them more capable of inventing the characteristics of the health law to successfully tackle the pandemic issues in the village, where only 10 people were infected with Covid-19 to August 2021. Therefore, no one was confirmed dead due to the pandemic [6].

The success of preparedness and response to the Covid-19 pandemic in the village shows the importance of positioning *adat* people to highlight their role in giving the best health services to the community [7].

This research explores essential issues concerning emergency preparedness and response to Covid-19 following the tribal public health law of Tenganan Pegringsingan. The literature review discusses the Covid-19 Strategic Preparedness and Response Plan issued by the WHO and how this strategy was derived and fitted the Tribal Public Health Law concept. The results and discussion in this study are divided into two sections: First, this research discusses public health law at national and local levels in the time of Covid-19, either at the preparedness or response stage, by referring to the case study conducted in Tenganan pegringsingan *adat* village. Second, this study explores the key success of handling Covid-19 in the *adat* village according to three criteria involving clear and effective policies, trust among stakeholders, and people participation.

2. Literature Review

2.1. Covid-19 Strategic Preparedness and Response Plan

Covid-19 Strategic Preparedness and Response Plan are guidelines issued by WHO to elaborate more on each state's measures. It represents efforts the international communities have to support all countries to tackle the pandemic and protect the people's health. Each country must determine, renew the strategic preparedness and response plan in all sectors, and integrate those plans with other emergency operational plans by involving related institutions and conducting simulations to assess the application of the operational plans [8].

The World Health Organization issued ten main pillars in the strategy aiming to tackle and respond to Covid 19, namely [9]:

Pillar 1: Coordination, planning, financing, and monitoring.

Pillar 2: Risk communication, community engagement, and infodemic management.

Pillar 3: Surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures.

Pillar 4: Points of entry, international travel and transport, and mass gathering.

Pillar 5: Laboratories and diagnostics.

Pillar 6: Infection prevention and control and protection of the health workforce.

Pillar 7: Case management, clinical operations, and therapeutics.

Pillar 8: Operational support and logistics, and supply chains.

Pillar 9: Maintaining essential health services and systems.

Pillar 10: Vaccination.

These pillars are translated and contextualized according to each country's needs and characteristics. This adjustment also involves identification of (a) vulnerable communities, such as *adat* people, people with disabilities, women, and others; (b) people's income level; (c) access to basic health services in each region; (d) the availability of hospitals, medics, and vaccine, (e) and others [9].

2.2. The Concept of Tribal Public Health Law

Adat village represents the smallest government unit that can run the government according to the real structure as long as it does not violate Indonesian national law. The emergency state of public health, such as the one caused by Covid 19, is one example of an issue. To face this threat, *adat* leaders must understand how the law could be used to improve the preparedness of the health services in society and the coordination and collaboration all over the regional areas.

With inherent government authority, the village government holds the authority to make its regulations and take measures as needed to prepare and respond to health emergencies in the community [10]. Thus, the preparedness of law for the *adat* government is considered paramount to respond to community health.

Tribal Public Health Law can be a key tool in the work of tribal leaders to strengthen public health in their communities in a range of ways, including by serving to [11]:

1. Provide a mechanism to exercise authority (via the development of rules, regulations); policies, and procedures by codifying, implementing and enforcing laws and policies;
2. Build infrastructure to sustain public health initiatives;
3. Establish a legal framework to prepare for emergencies;
4. Establish a coordinated effort to respond to public health concerns;
5. Prioritize public health issues not currently addressed;
6. Set a priority for engaging with public health data to improve health and save lives.

Furthermore, tribal public health involves some parties in its implementation. Red Star Innovations mapped several parties through the following: (a) health community; (b) *adat* government; (c) health department and clinic for *adat* people; (d) local governments; (e) private companies; (f) health departments at local/central areas; (g) universities; (h) *adat* leaders; and (i) other organizations led by senior adat figures [12].

2.3. Tenganan Pegringsingan at a Glance

Tenganan Pegringsingan *adat* village is situated between the city of Amlapura (approximately 18 km) and Denpasar (approximately 67 km), Bali. This village lies approximately 2 km from the seaside at approximately 70 meters above sea level. The village is remotely situated between two hilly regions of Kangin (East) hill and Kaja (North) hill to Kelod (South), each having *awangan* (main entrance gate) on the south and north side.

Kaja (North) hill serves as both a barrier and a connecting road for villages behind the hill. Thus, a valley running along and among three hills is where the village is located; where this village consists of three rows, while the regional areas are divided into three blocks of rural dwellings, forest/plantation, and rice fields [13]. The map of Tenganan Pegringsingan *adat* village is further presented in Fig. 1 and 2.

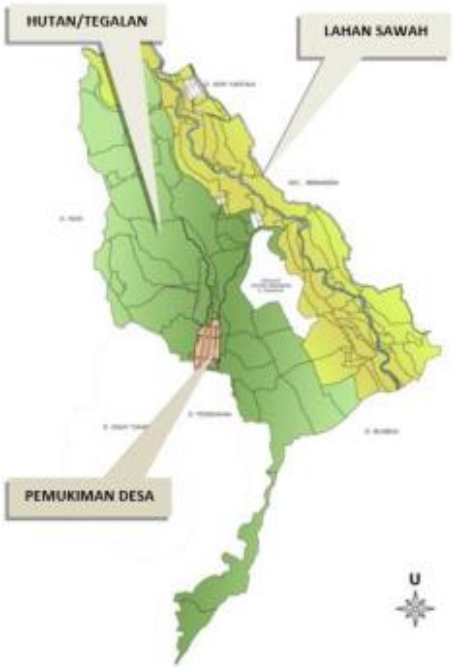


Fig. 1 Geographical map of Tenganan Pegringsingan Village [14]



Fig. 2 Peta geographical map of Tenganan Pegringsingan Village [13]

Institutionally, as discussed in this study, the village has two governmental elements: *adat* village government and administration village government. The latter represents a vertical connection between central, provincial, regency, and district areas. In contrast, the *adat* village government is headed by 6 *Kelian Adat* (those responsible for keeping the village pristine) with specific authority governed by the adat rules in the village. However, the authority of each government is not rigidly restricted, but these two elements work in collaboration [13].

According to written adat rules, these six *kelian adat* hold regular meetings at 20.30 Bali local time to find the solutions to the growing problems in the *adat* community. They are commonly dubbed a*wig-awig* (the rules made by the people of the village) or according to the results of discussions involving the community members concerned [15].

3. Methods

This study was conducted based on socio-legal methods. The legal issues are elaborated on by conducting the studies outside the legal aspects to look closely at the *adat* people of Baduy, Minangkabau, and Tenganan Pegringsingan. This study held interviews, observation, and FGD, which required both primary and secondary research data. The primary data were obtained from interviews with several respondents/informants (based on purposive sampling) and FGD. The interviews involved local people who understand legal issues and the *adat* (customs) of the locals, including the traditional chief, head of the village, and other *adat* figures in three *adat* villages. The secondary data were obtained from books, journals, newspapers, and other literary sources. This research analyzes employed descriptive-qualitative techniques since the data were in narrative forms derived from the information given by the locals.

4. Results and Discussion

4.1. Public Health Law at National and Local Level in the Time of Covid-19

4.1.1. Public Health Law at a National Level

The outbreak of Covid 19 shocked the world, and most countries, including Indonesia, did not have any chance to set any plan to deal with the pandemic. Influenza was the last pandemic the world had to fight back in 1918 before Covid 19 [16].

World Health Organization quickly responded by issuing the 2019 Novel Coronavirus 92019-nCoV): strategic Preparedness and Response Plan on the 3rd of February 2021, which was set as guidelines for the government to issue regulatory provisions to tackle Covid 19 in Indonesia [17].

When President Joko Widodo announced the first two Covid 19 in Indonesia on the 2nd of March 2020, the government took some quick and strategic measures by referring to WHO Strategic Preparedness and Response Plan by issuing 13 regulations on the 31st of March 2020 [18].

Table 1 Indonesian Government Regulation Concerning the Handling of Covid 19 in March 2020

Date	Issuing Agency	Title of Regulation	Reference
13 March 2020	President of Indonesia	Task Force for Rapid Response to COVID-19	Presidential Decree 9/2020
14 March 2020	Ministry of Finance	Distribution of Special Grant Allocation for Infrastructure in the Health Sector and Grants for HealthOperation for COVID-19 response	The decision of MoF 6/KM.7/2020
16 March 2020	Ministry of Health	Network of COVID-19 Laboratories	The decision of MoH HK. 01.07 /MENKES/182/ 202
16 March 2020	Ministry of Finance	Distribution and the use of Shared income grant, fiscal allocation, general allocation grant, special allocation grant, and regional incentives for 2020fiscal response to COVID-19	MoF Regulation No: 19/PMK.07/202
19 March 2020	National Police (POLRI	Prohibition of mass gathering or group activity both in public and local environments Continuation of Table 1	Kapolri Mandate No. MAK/2/III/202
20 March 2020	President of Indonesia	Revision of Keppres on Task Force for Rapid Response to COVID-19	Presidential Decree 9/2020
20 March 2020	President of Indonesia	Refocussing of activities, fiscal allocation, and procurement of goods and services for the acceleration of COVID-19 response	President Instruction 4/2020
21 March 2020	Ministry of Finance	Tax incentives for Compulsory Tax Holders affected by COVID-19	MoF Regulation No:23/PMK.03/ 2020
23 March 2020	Ministry of Communication and Information	Acceleration of socialization of COVID19 Prevention at Provincial and District/City levels	Circulated letter SE 2/2020
24 March 2020	The village, Regional Disadvantageand Transmigration Minister	Village Response for COVID-19 and Cash for work in Villages	Circulated Letter SE 8/202
31 March 2020	President of Indonesia	National Budgeting Policy and the Stability of Budgeting System for COVID-19 Pandemic Disaster or Managing Threats for National Economy or the Stability Budgeting System	Government Regulation in Lieu of Law No 1/2020
31 March 2020	President of Indonesia	Declaration of Community Health Emergency Situation for COVID-19	President Decree 11/202
31 March 2020	President of Indonesia	Big Scale Social Restriction for Accelerating COVID-19 Eradication	Government Regulation 21/ 2020

WHO had watched some regulations passed by the Government from March to July 2020. World Health Organization assists Indonesia in creating the best system of Strategic Preparedness and Response to Covid 19. Indonesia also held Intra-action Review (IAR) for the first time from the 11th to the 14th of August 2020. During the review, the representatives of all units in the Indonesian Health Ministry, some other

government departments and units, and the main partners, the WHO, and other UN members virtually met to review and critically contemplate the progress of responses to the pandemic. This review was prepared to assess responses in Indonesia in nine pillars of the Covid-19 strategic preparedness and response plan, including: (1) coordination, planning, and monitoring; (2) risk communication and community engagement; (3) surveillance, rapid response team, and case investigation; (4) points of entry, international travel and transport, and large-scale social restrictions; (5) National laboratories; (6) infection prevention and control; (7) Case management; (8) Operational support and logistics; and (9) maintaining essential health services and systems. Furthermore, evaluation results of priority recommendations over Covid-19 handling in Indonesia also serve as the basis for improving the health system to an adequate one to cope with and respond to the pandemic [17].

Several core regulations issued by the Government of Indonesia to October 2021 involve the following [19]:

1. Enforcement of lockdown level 4, level 3, level 2, and level 1 of Corona Virus Disease 2019 in Java and Bali and several regions outside Java;
2. Acceleration of vaccine programs all over Indonesia;
3. Arrangement of hotels open for quarantine for incoming international travelers;
4. Regulatory provisions governing international traveling during Covid-19;
5. Health guidelines for international travelers during Covid-19;
6. Enforcement of lockdown level 3, level 2, and level 1 and optimization of Covid-19 handling center at the rural and sub-district levels to control the virus's spread.

Several regulations are further translated to the provincial government, regency level/ municipality level, rural level, and sub-district level. The central government has been aware that the mechanism of inter-level coordination, either vertically or horizontally, and the capacity of the local governments are the two primary elements of response success of 'all governments' to the pandemic [20].

4.1.2. Public Health Law at a Local Level: A Case Study of Tenganan Pegringsingan, Bali

The local governments play an essential role in handling the pandemic, where they identify local vulnerability and respond quickly. The provincial government of Bali also plays an important role in reinforcing and giving health services to the members of the public, focused on four aspects: (a) increasing the level of local public health service delivery; (b) preventing transmission and epidemiological investigations and tracking; (c) mitigating the impact of the pandemic on other local public services; (d) supporting social and economic relief activities [20].

In the regency of Karangasem, where the village was located, the local government has provided a specific website for the Covid 19 Task Force of Karangasem. In addition, it provided information on daily reports of the Covid 19 Task Force, Covid 19 distribution map, Covid 19 hospitals in Bali, Covid 19 education, and some laws issued by the Government of the Regency of Karangasem.

The local government also regulates the request through recommendation letters of *adat*-related events as elaborated in Fig. 3:

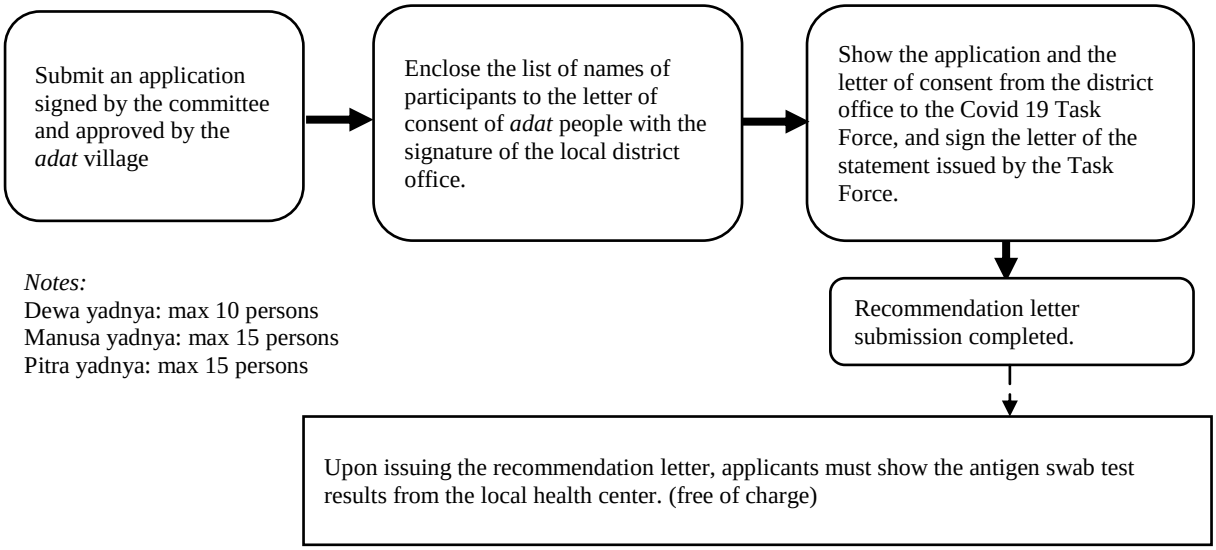


Fig. 3 Submission of recommendation letters regarding *adat*-related events [21]

The village head expects the best for the people's welfare, health, and prosperity. In policymaking at the rural level, the village head refers to the general direction given by the central government, the provincial government of Bali, and the government of the Regency of Karangasem. However, the government's guidelines are obeyed without overlooking the local custom [22].

4.2. Emergency Preparedness before Covid-19 in Tenganan Pegringsingan

4.2.1. Religious Ceremony

The people of Tenganan Pegringsingan village believe what happens in life is under God's will, not to mention Covid-19. Therefore, this global pandemic has a bearing on the connection between humans and their God (locally mentioned as *niskale*). This connection is often maintained by holding religious ceremonies in the community for one year, representing connected cycles regardless of the pandemic [23].

Ngayu-ayu is one of the religious ceremonies held to seek God's protection from the bad. The youth and the *Krama* of the *adat* village are held three times a year, regardless of the pandemic [22].

During the pandemic, the locals and outsiders are not allowed to enter the site of the ceremony. Only the participants of the *adat* ceremony are permitted. However, the ceremony will still take place without violating what is outlined in a circular letter [22].



Fig. 4 Preparation of *Adat* ceremony in Tenganan Pegringsingan Village

Furthermore, other ceremonial events are held based on the *niskale* by the *adat* people to fight against the pandemic. For example, for several months, every house is required to display *sanggah cucuk* — a woven bamboo used to place offerings in a house's front yard. The offering involves garlic, onion, chili, and thorny pandan leaves [24]. *Vaccine Program*

This program is intended to form herd immunity to reduce the risk of the spread of the virus. Initially, the local people of Tenganan Pegringsingan were reluctant to be vaccinated due to their fear of the side effects. However, the introduction and education given by the village people in charge and the tribal head have managed to raise the enthusiasm of the locals to join the vaccine program held by the central government (Fig. 5) [22].



Fig. 5 Vaccination process in Tenganan Pegringsingan *adat* village, Bali

The *adat* people of Tenganan Pegringsingan village have received their second dose of vaccination, or approximately 80% of the people in the village are vaccinated. However, few have not received the doses due to health issues [22].

4.2.2. Local Quarantine and Enforcement of Health Guidelines

The local quarantine in the village follows the regulation issued by the central government and local government along with the policies on lockdown, PSBB, or PPKM levels 1-4. Furthermore, quarantine is in place during *adat* ceremonies. For example, access to the village was closed for about a week during the Pandan battle in 2020. Similarly, the village was closed again in 2021 for three days, following the shortened Pandan battle. In addition to the local quarantine, curbs are usually made for the participants involved in ceremonies, especially for those serving quarantine periods or those residing in an area where quarantine was in place. In these situations, the village government ensures that the welfare of the locals is maintained by contributing some staple food [24].

Regarding the health guidelines, a circular letter issued by the Boards of *Adat* Village and the Circular Letter issued by Parsiada Hindu Dharma Indonesia on the 8th of August 2021 put stricter curbs in place in *adat* ceremonies. A swab test is required in addition to washing hands and wearing a mask [24].

4.2.3. Development of Health Infrastructure and Facilities

The development of health infrastructure and facilities is important to change the lifestyle of the *adat* people in adjustment to the pandemic. Therefore, the local government of the village has attempted to build some health facilities such as public tap water and soap in public places. (see Fig. 6).



Fig. 6 Tap water and soap at public places in Tenganan Pegringsingan Village

Furthermore, public health centers and hospitals are equipped with medical equipment and medicine to increase the recovery rate of Covid 19 patients.

4.2.4. Education and Introduction of Covid 19

The understanding of the people of the village about Covid 19 is limited, where the majority of the people are not quite aware of the serious impact of Covid 19 and how the spread can be reduced. Therefore, changing the habits of the locals to tackle the virus is immediately needed by utilizing education and information about Covid 19.

The *adat* head has educated and given more information about the Covid 19 to the people through leaflets informing health guidelines that encourage people to wear masks, wash hands, apply social distancing, have their temperature checked, and have themselves disinfected (see Fig. 7). Moreover, the information can be conveyed in a village meeting hall through a microphone and speaker and by playing videos on Covid 19 and the prevention performed through puppet performance [24].



Fig. 7 Education and information on health guidelines during a visit to Tenganan Pegringsingan *adat* village

4.2.5. Coordination between Village Head and Covid 19 Integrated Units

The *adat* head and village department head represent two core institutions responsible for making policies regarding handling Covid 19 of the village. Namely, six kelians, the department head, village figures, neighborhood association, community association, and health department coordinate to set measures that need to be planned or responded to. Moreover, the department head performs the tasks as assigned by the *Adat* Head. The Department Head cannot allocate funds unless clear and transparent considerations discussed among other leaders are given [6].

The formation of the Covid 19 Integrated Unit in each local area is compulsory by the central government and local government. In 2020, Tenganan Pegringsingan *Adat* village had two institutions of Covid Task Force, formed by *Adat* village and by the village department/administration. In early 2020, these two institutions were merged into one institution. The structure and the chairperson of the Task Force were determined in a discussion. In order to make the coordination easy, the chairperson of the Task Force is instructed to the *adat* village head, while the chairperson of the village department elected the vice head. The coordination of each division is taken from each division represented by the village figures that have the competence [24]. The details of the structure of the Covid 19 Task Force are presented in Fig. 8.

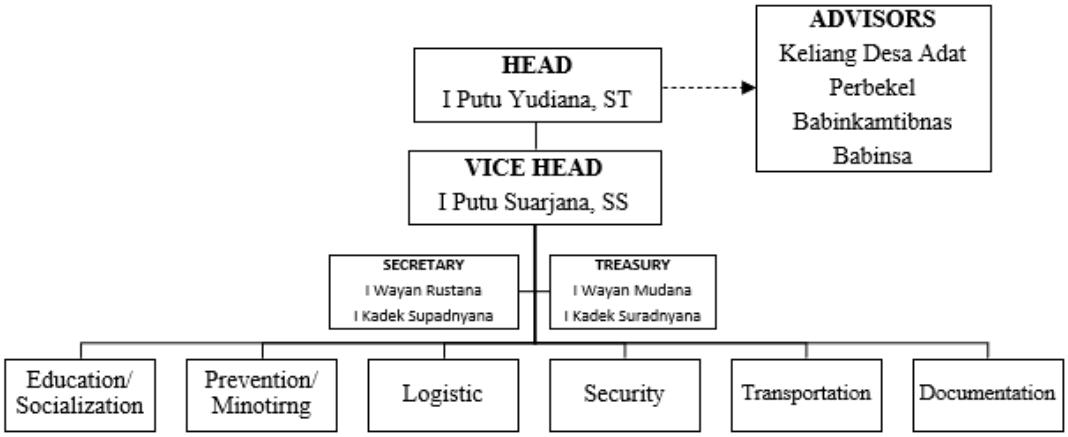


Fig. 8 Structure of the Covid 19 of Tenganan Pegringsingan *adat* village

4.3. Emergency Responses during the Covid-19 Pandemic

4.3.1. The Integration of Modern and Traditional Medicine

The *adat* people of Tenganan Pegringsingan village tend to be open and rational towards medicine. People infected with Covid 19 and with symptoms receive priority services in hospitals, while others asymptomatic are instructed to perform self-quarantine at home and optimize vitamin intake [22].

However, traditional treatment, or *Balean*, delivered with spell and traditional healing potions, is still performed without overlooking the enforcement of health guidelines [22].

In reality, modern and traditional medicines are appropriately integrated and supplementary to each other. Shamans and GPs allow each other to heal people, and the locals believe that the recovery of the patients depends on their trust in a GP/a shaman that is skilled in healing others. This trust radiates a positive atmosphere for the recovery of patients.

4.3.2. Registration and Tracking, Tracing, and Testing Improvement

The village department carries out the registration process accordingly and in detail for all the locals infected with Covid-19. These data are saved in the village archive. The data details are obtained from coordinating the village department apparatuses, *the adat* village head, and the local health center/hospital [6].

Village apparatuses also conduct tracking, tracing, and testing accordingly for infected patients or people in contact with infected people within fourteen days. Also, concrete measures are taken by the Covid Task Force when a person is diagnosed to have been infected with the virus:

1. The access to the alley where the house of an infected person is located will be heavily monitored around the clock or even closed to ensure that people with no urgent concern in the area should enter the area or interact with another person that may be infected;
2. The medics from the local health center visit infected locals to refer them to a selected nearby hospital;
3. The community health centers or hospitals perform tracking, tracing, and testing for people having close contact with patients.

For example, tracing was done upon the arrival of the locals from Italy. In the following two weeks, upon the arrival, the person concerned was admitted to the local hospital showing the Covid-19 symptoms. In response to this case, the village apparatuses conducted

immediate tracing to avoid the massive spread of the virus [24].

Similarly, regarding the first outbreak in an *adat* village, where an asymptomatic patient was diagnosed with Covid-19, the village apparatuses quickly responded by instructing local quarantine for two weeks. It was followed by tracking, tracing, and testing to ensure no further virus spread [24].

4.4. Key to Success in Dealing with Covid 19 in Tenganan Pegringsingan *Adat* Village

4.4.1. Clear and Effective Policies

The policies living in society have their uniqueness that is unwritten or written in the simple concept of a policy. Therefore, clear and effective policies are required to set good policies. Only *adat* government policies are outlined in *awig-awig*, but, despite the simplicity, the policies to anticipate and respond to Covid 19 also set policy requirements that are clear and effective: (1) they have clear-cut facts regarding Covid 19 issues; (2) the objectives of the policies are set; (3) key terms are elaborated; (4) the body of the policies set orders and reasonable prohibitions, not contravening the laws above them, clearly stated, and it is also clear as to whom the policies are addressed; (5) policies should include the provisions regarding exceptions; (6) they should involve institutions, procedures, and sanctions in law enforcement of the policies; (7) they should give information on when the policies are in place; and (8) evaluation regarding the efficiency and the effectiveness of the policies are evaluated [25].

4.4.2. Trust among Stakeholders

Trust among stakeholders marks the success in suppressing and controlling the cases of Covid 19, either in the policymaking process or implementation. At least three stakeholders play an essential role in such trust [26]:

a. The trust of policymaking in research and experts' notions about Covid 19

Since the President of Indonesia announced the first case of Covid 19 infecting two citizens in his country on the 2nd of March 2020, the government has taken immediate and strategic actions. They included direct communication with WHO and other international organizations, collaborating with scientists from different countries in either bilateral or multilateral contexts, and gathering all health experts from all over Indonesia from universities and hospitals, all intended to suppress the spread of Covid 19 [27].

The Indonesian government also trusts the notions contributed by experts arguing that the pandemic is a long-term issue that has no solution despite vaccination. So, the government stays alert and takes preventive measures through social distancing and lockdown policies. In addition, it ensures that no hospitals are at overcapacity, does not ease the curbs on decreasing cases of Covid 19, which may lead to case spike, and keeping economic and health aspect policies in balance.

The government, through the Ministry of Research and Technology/National Research and Innovation Agency (BRIN), also conducts coordination involving ministry and government agencies, hospitals, universities, and industries through Covid 19 research and innovation consortiums as responses to counteract the rapid and massive spread of the virus [28].

The *adat* people of Tenganan Pegringsingan also show rational characteristics and trust experts to handle the Covid 19 in their area. They also follow directions from the central government and local government formulated by experts.

The above elaboration shows that the Indonesian government, from national to rural levels, has adhered to the trust and research conducted by experts regarding short-term, medium-term, or long-term strategic policies formulated and enforced. Lockdown and vaccine programs did not come without issues for the first time. Some groups of people stood against these policies. However, since the education and information have been optimally introduced to the locals, the local government has successfully suppressed the case number to 1,000 cases in October 2021.

b. The trust of policymakers in the members of the community: the implementation of the new normal concept for public interests

The village government has strived to keep reminding the people, asserting that behavioral change will help tackle the pandemic. It emphasizes that people could change their habits starting from performing their responsibility for themselves, their family members, and the members of the public. The *adat* village government has also provided facilities and infrastructure to encourage people to change their habits voluntarily in facing the pandemic. That includes: reminding children to wear masks, providing basins for handwashing and hand sanitizers in public places, providing free-of-charge health services for infected, and providing affordable or free-of-charge Covid 19 tests in health centers, hospitals, and public places (offices, terminals, etc.).

c. The trust of the people in the government regarding its ability to deal with Covid 19

The people's trust in the government to handle the pandemic is based on how extensive the government has taken strategic and measurable actions, where the government is striving to balance economic and health interests without taking either side too much. Indonesian Survey Agency reported that although the people's trust tendency dropped in 2021, the trust level is considered quite high.

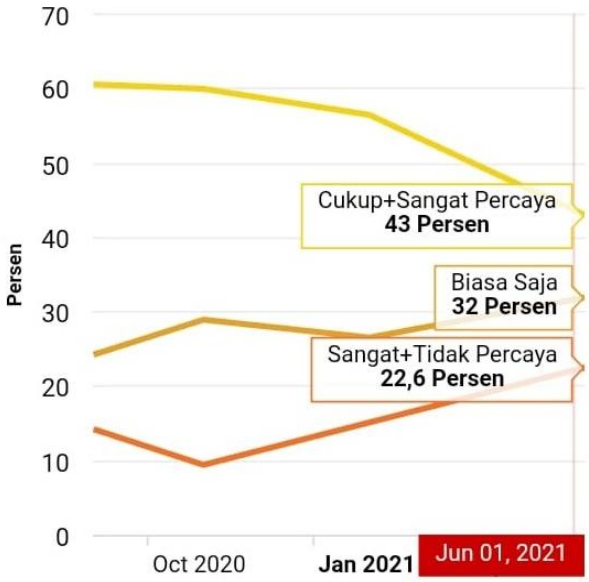


Fig. 9 Trust level in the President's ability to handle the Covid 19 in June 2021 [29]

The proportion of people with enough or high trust in the President's ability to handle the Covid 19 accounts for 43%, while others with moderate and no trust account for 32% and 22.6%, respectively [29].

However, the trust of the *adat* people in the *adat* head and the head of the village department is considered quite high, bringing positive implications. Mutual trust can establish a social network, reinforcing adherence to norms. People consistently abide by existing rules in either *awig-awig* of the village, *perarem*, ADART, or other binding rules [23]. The characteristics of helping each other also serve as the basis of the success in controlling Covid 19 with the adherence to Tri Hita Karana.

4.4.3. People Participation

People have to be involved from the start in all processes of preparedness and response-to-Covid 19 policymaking. *Adat* people hold a discussion process attended by six *adat* heads, village department head, neighborhood association, neighborhood community, health agencies, and other related village figures for their contribution of opinions and local information regarding the implementation of the needs of policies and to help design policies to respond to Covid 19. That also represents educating people and stakeholders about why policies are needed and how all these policies can resolve the issue concerned [25].

The processes involving the effective participation of the people ensure that the policies developed will deal with actual priority derived from the people. That will also help identify issues stakeholders cannot easily predict regarding Covid 19. Therefore, the involvement of the public and stakeholders in the policymaking process leads to better awareness of the real needs and the awareness of what more plausible approach can be given at the practical level, which can help initiators anticipate or minimize concerns. Furthermore, the participation of the people in the discussion can also help identify the social figures holding no formal official positions but still having influential viewpoints due to their significant participation in the community, relationships, and reputation [25].

5. Conclusion

Increasing attention at a global stage regarding Covid-19 mitigation and the rights of tribal people ensures that the people could refer more to their sovereignty to survive amidst and deal with Covid-19. With policy frameworks at international, national, and regional levels, tribal leaders can deal with the loopholes in organizational and health systems and provide health care for covid-19 patients under coordination in line with the local culture. Thus, not only should both central and regional governments put legislative and policy frameworks in harmony with existing international and constitutional parameters, but the governments should also take into account inclusive measures in connection with the local tribal governments. Furthermore, this research's scope studied the case in a tribal village of Tenganan Pegringsingan, Bali, Indonesia, within the purview of preparedness and response to the Covid-19 pandemic. Four primary legal pillars were analyzed: international, national, local, and adat laws.

Tribal public health law plays the main role in counteracting and responding to the Covid 19 in Tenganan Pegringsingan *adat* village. The development of the tribal public health system amidst the national health crisis in Indonesia has highlighted the role of the *adat* people in providing health services for their community. Since the outbreak of Covid 19, from early March 2020 to August 2021, only ten locals in the village have been infected with Covid 19, and not a single sufferer has been found dead due to the virus.

The key success of the tribal public health law implemented in the village comes from harmonizing and synchronizing the legislation at the international, national, regional, and rural levels. Moreover, the characteristics of tribal public health law combining traditional and modern aspects and spiritual and scientific elements are considered to have contributed to the success, and it seems to have set an example for other communities. The adat people is inherent, strong, and obeyed leadership role have allowed the public health law to be properly managed and effectively tackled Covid 19. The massive participation of the people in discussions has set the measures taken to tackle the pandemic in a more comprehensive scope, helped find a more plausible approach at the practical level, and helped minimize the conflict.

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