

To be or not to be?

Dilemmas of Covid-19 policy implementation and coordination in Indonesia

Yanuar Nugroho

Visiting Senior Fellow, ISEAS-Yusof Ishak Institute, Singapore
Lecturer, Driyarkara School of Philosophy, Jakarta
yanuar.nugroho@gmail.com

Sofie Syarief

Visiting Fellow, ISEAS-Yusof Ishak Institute, Singapore
Senior Journalist, Indonesia
softesyarief@gmail.com

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1. Introduction

On 17 May 2022, the Indonesian President Joko ‘Jokowi’ Widodo announced that wearing mask was no longer required for outdoor activities with no crowds. Further, the government also had dropped the polymerase chain reaction test (PCR) and antigen swab tests requirement for domestic and foreign travellers who received a complete vaccination dose. This followed the result of the government’s serology test undertaken November-December 2021 that was revealed in March 2022 showing that 9 out of 10 Indonesians already had antibody for Covid-19, consistent declining infection rate since the beginning of the year, more and more citizens receiving complete dose of the vaccination, and that there was no other wave two weeks after the Eid-al’Fitr festive holidays.

This announcement marked a new stage in the country’s battle against Covid-19 pandemic, the news of its outbreak was first revealed by the President himself to have hit the country on 2 March 2020. Since then, the government has been working hard to curb the pandemic. In hindsight, one of the most significant interventions is perhaps how the government worked on its adaptive policy, providing flexibility for policy changes as the pandemic circumstances and their impact developed. But there was a long story and a lot of dynamics involved before it happened.

Indeed, the fight against the coronavirus, understandably, have become the main agenda of the nation –both for government and non-government entities alike. Yet, despite the malignancy of

the pandemic and the seemingly straightforward ‘formulae’ to contain it, the effort to curb the virus spread has actually become an arena of highly dynamic interactions (to say the least) between the government as policymakers, health practitioners, business, civil society organizations, media, and academics or scientists. Often time, this interaction became so heightened and even seen to be deeply politicized during the pandemic.

In the beginning of the outbreak, the government seemed to be undermining the virus’ menaces despite some initial knowledge on the magnitude of its spread and potential impacts on health as well as on economy. Being blunt, saving the economy seemed to be more important for the government rather than saving lives of the people, although obviously officially and publicly the claim was otherwise. Yet this dilemma was reflected on the early policies and approaches in fighting the pandemic: they were incoherent, ambiguous, seen to be denial, and even was deemed anti-science. From mobility restriction, tracing and case finding, vaccination, to the distribution of social protection and strengthening of health system capacity. Arguably suffering from ‘cognitive dissonance’ (Nugroho and Syarief 2021), government policy implementation and coordination were inadequate –or problematic at the least. This was the case until –and even possibly the cause of— the second wave hit severely and claimed the highest casualties. As the pandemic worsened, many criticized these policies and approaches, and as such this situation created tension. Unfortunately, instead of urgently improving the state capacity for policy coordination and implementation (Nugroho and Negara 2020b), the government –and its political supporters (not necessarily the bureaucracy)— faced these criticisms often with unfriendly responses, sometimes including mobilization of online buzzers and online persecutions. This in turn created more criticism –not on the pandemic response, but on how the government treated its own citizens. On the other hand, there were also groups and parties that deliberately took political advantage of the situation and use the ‘stuttering’ of the government in fighting the pandemic as an opportunity for politization.

However, over the course of the pandemic, the government’s policies seem to have been gradually improving and become more adaptive –as the result of the adjustment and adaptation to the changing circumstances and accumulation of new knowledge on the virus and its behaviours. When this chapter is being prepared, Indonesia has geared up to enter the endemic phase although not officially announced yet. Nationwide Covid-19 cases has been low, the complete vaccination rate has reached a significant high number, and there have not been any new waves of cases. Indonesia was even praised by international community for its pandemic response.

The sole aim of this chapter, therefore, is to offer a reflection on how the government has been responding to the pandemic and challenges as well as dilemmas it caused from the policy perspective, particularly in the beginning and during the difficult periods. While the government has now managed to curb the pandemic and take the situation under control, this chapter puts

forward lessons learned from what could have been done better from in terms of policy coordination and implementation in addressing the dilemmas in responding to the outbreak.

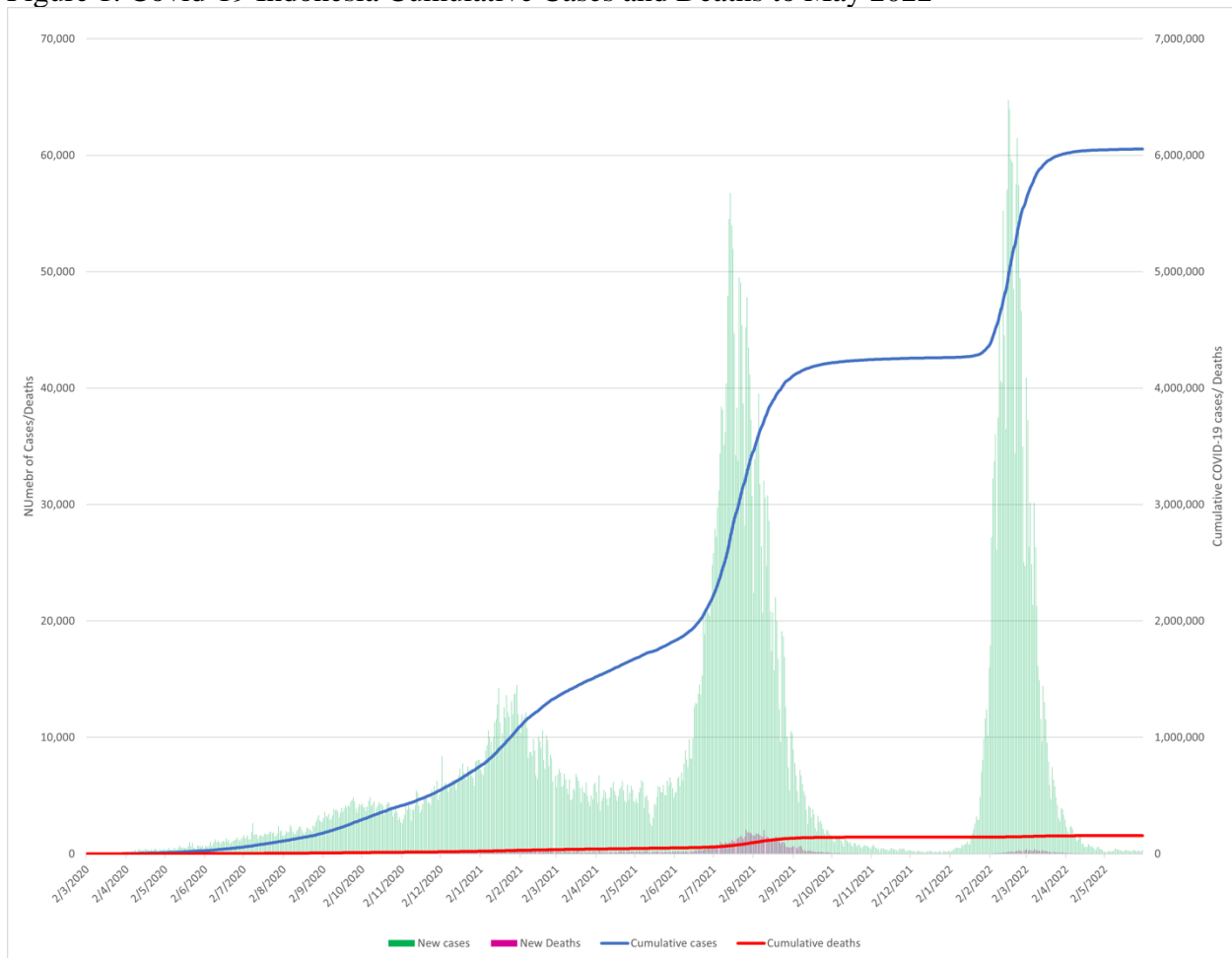
2. Covid context and overview of the impact

In Asia, Indonesia is one of the countries hit hardest by the Covid-19 pandemic. As per end of May 2022 (the cut-off date of the data used in this chapter), the total cumulative cases numbered 6,054,973 with 5,895,423 recoveries (97,36 percent) and 156,591 deaths (2.58 percent).¹ Period with highest casualties was during the second wave when Delta variant (B.1.617.2) attacked and peaked in the mid of 2021, although the vaccination already started in January. At that period, the highest daily case was recorded on 15 July 2021 with 56,757 cases² and the highest daily new deaths of 2,069 on 27 July 2021. After the second wave, there had been a growing concern of the spread of Omicron variant (B.1.1.529). First detected on 27 November 2021, Omicron peaked in January-February 2022. Indonesia was already going through the third wave of infection as the highest new cases reached 118,914 on 24 February 2022, which is also the highest daily record since the first coronavirus case detected. This put Indonesia in the first place in Southeast Asia with the highest cases. Indonesia was considered by the World Health Organization as a Covid-19 community transmission country because the positive test rate was consistently around 20 percent practically from the beginning of the pandemic. Since mid of March 2022 the case has been constantly decreasing.

¹ <https://covid19.go.id/peta-sebaran>

² <https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20220219/0539355/kasus-melonjak-melebihi-delta-namun-keterisian-rs-terjaga/>

Figure 1. Covid-19 Indonesia Cumulative Cases and Deaths to May 2022



Source: Covid19.go.id processed by authors

In terms of impacts, the pandemic practically paralyzed the country. All macroeconomic indicators went south: GDP growth, poverty, inequality, inflation, unemployment. Formal sector collapsed and the informal sector suffered badly although managed to survive and help others survive, too. Rather different compared to the 1998 monetary crisis that hit the middle-upper class more than it did to the lower class, the pandemic beat hard what has long become the shock-breaker in the Indonesian economy: the informal sector –MSMEs. Many of them went bankrupt and it shocked the economy (Nugroho and Negara 2020a) as they make up of 95 percent of all business in the country.³

³ <https://mediaindonesia.com/ekonomi/479709/keberhasilan-transisi-pandemi-ke-endemi-dorong-akselerasi-perekonomian>

Table 1. Indonesia's Macroeconomic Indicators Before and During Covid-19

| Item | 2018 | 2019 | 2020 | 2021 | | 2022 |
|-------------------------|-------|-------|--------|-------------|-----------------|-------------|
| | | | | Projection | Actual (annual) | Projection |
| GDP growth (%) | 5.2 | 5 | (2.07) | 3.5 - 4.0 | 3.69 | 5.2 |
| Inflation (%) | 3.13 | 2.72 | 1.68 | 3.00 | 1.87 | 3.0 |
| Unemployment (%) | 5.3 | 5.3 | 7.07 | 5.9–6.5 | 6.49 (Q3) | 5.5–6.3 |
| Poverty rate (%) ** | 9.66 | 9.22 | 10.19 | 9.2–9.7 | 9.71 (Q3) | 8.5–9.0 |
| Gini index | 0.389 | 0.382 | 0.381 | 0.377–0.382 | 0.381 (Q3) | 0.376–0.378 |
| Human Development Index | 71.39 | 71.92 | 71.94 | 72.69 | 72.29 | 73.41–73.46 |

Source: Ministry of Finance, Ministry of National Development Planning, Statistics Indonesia

The multidimensional impact to the economy also worsened Jokowi's administration performance significantly. By the end of 2020, Indonesia's economic growth contracted at minus 2.07 percent, unemployment rate soared to 7.07 percent, and poverty rate was back to double digit at 10.19 percent⁴. Now, those macroeconomic indicators have improved: economic growth, inflation, poverty, unemployment, and inequality (Table 1). Even at the regional level, growing at 3.69 percent, Indonesian economy is higher than Malaysia (3.1 percent), Vietnam (2.58 percent), and Thailand (1.6 percent).⁵ Yet, such achievement is still not enough if Indonesia would want to be 'back on track' to reach its dreams to be the fourth or fifth biggest world economy by 2045 and to avoid the pandemic-driven recession. With the targeted growth of 5.2 percent (yoy) whilst controlling the national inflation rate,⁶ the economic recovery becomes the focus of Indonesia's government agenda today.

In hindsight, the government obviously worked hard but could not really focus to contain the pandemic due to the worry about the country's economy. Its attempts to curb the pandemic through various policy and institutional arrangements were often annulled by other policies which prioritized economy over health. The country's economy began its recovery only from the second quarter of 2021 after a period of contraction since the second quarter of 2020 until the first quarter of 2021. The government's intervention through a number of economic stimulus and various social assistances also contributed to the economy recovery.

Government policies for pandemic handling, particularly imposing mobility restriction, health protocol and vaccination, during the course of the pandemic are summarized and depicted below.

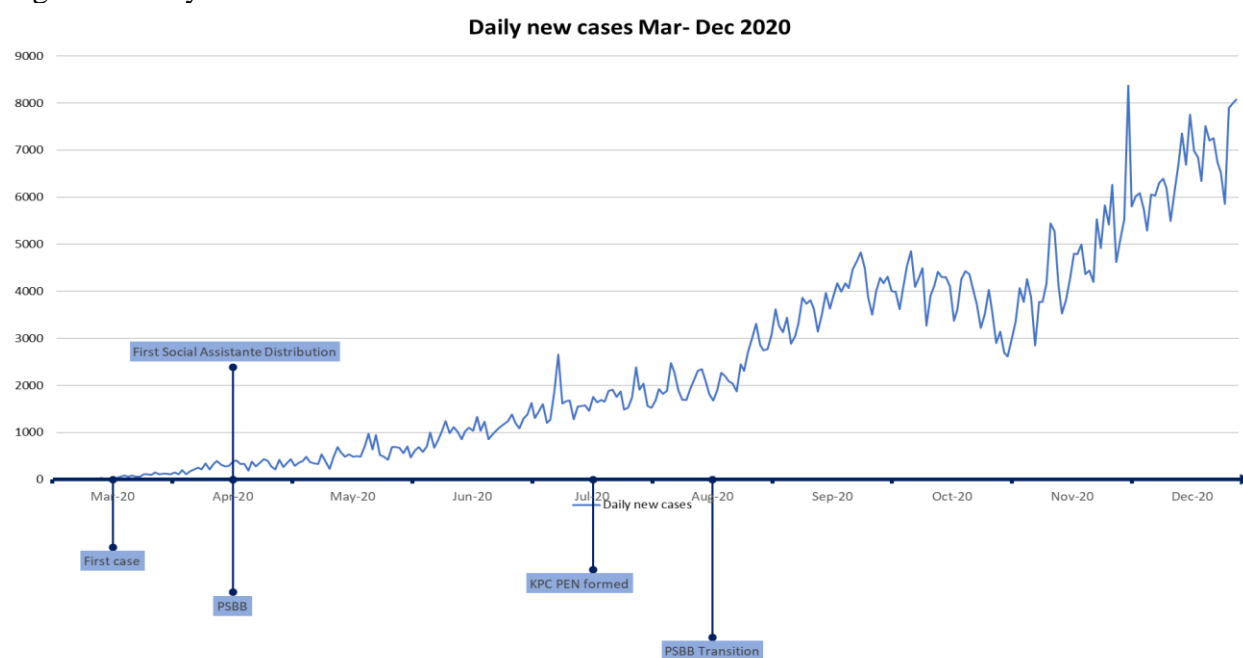
⁴ <https://www.adb.org/projects/documents/ino-54139-001-dpta-1> see pp.2-3

⁵ <https://mediaindonesia.com/ekonomi/479709/keberhasilan-transisi-pandemi-ke-endemi-dorong-akselerasi-perekonomian>

⁶ <https://mediaindonesia.com/ekonomi/479709/keberhasilan-transisi-pandemi-ke-endemi-dorong-akselerasi-perekonomian>

The first case of Covid-19 was reported on 2 March 2020. A government spokesperson was appointed on 3 March 2020 to coordinate public communication of government’s policy in strengthening public health services to contain the virus while minimizing the economic impact of the pandemic. On 13 March 2020, the Government established the Covid-19 Response Acceleration Task Force (or *Gugus*⁷), and on 31 March 2020 declared Covid a public health emergency, imposed stringent social restrictions⁸, and issued several fiscal policies to contain the pandemic and mitigate its impact on the national economy⁹. On 20 July 2021, the government set up an inter-ministerial committee to handle the pandemic and recover the national economy¹⁰ (known as *Komite Percepatan Penanganan Covid-19 dan Pemulihan Ekonomi Nasional* or KPCPEN). For this, the government allocated \$46.7 billion in 2020. Of this amount, only 80 percent was disbursed. In 2021, this allocation increased 2.68 percent to \$47.9 billion (See Figure 2).

Figure 2. Daily Cases and Related Measures and Policies: March-December 2020



PSBB: *Pembatasan Sosial Berskala Besar* (Large Scale Social Restriction)

KPCPEN: *Komite Percepatan Penanganan Covid-19 dan Pemulihan Ekonomi Nasional* (Committee for Acceleration of Covid-19 Response and National Economy Recovery)

⁷ Presidential Decree No. 7/2020

⁸ Government Regulation No. 21/2020

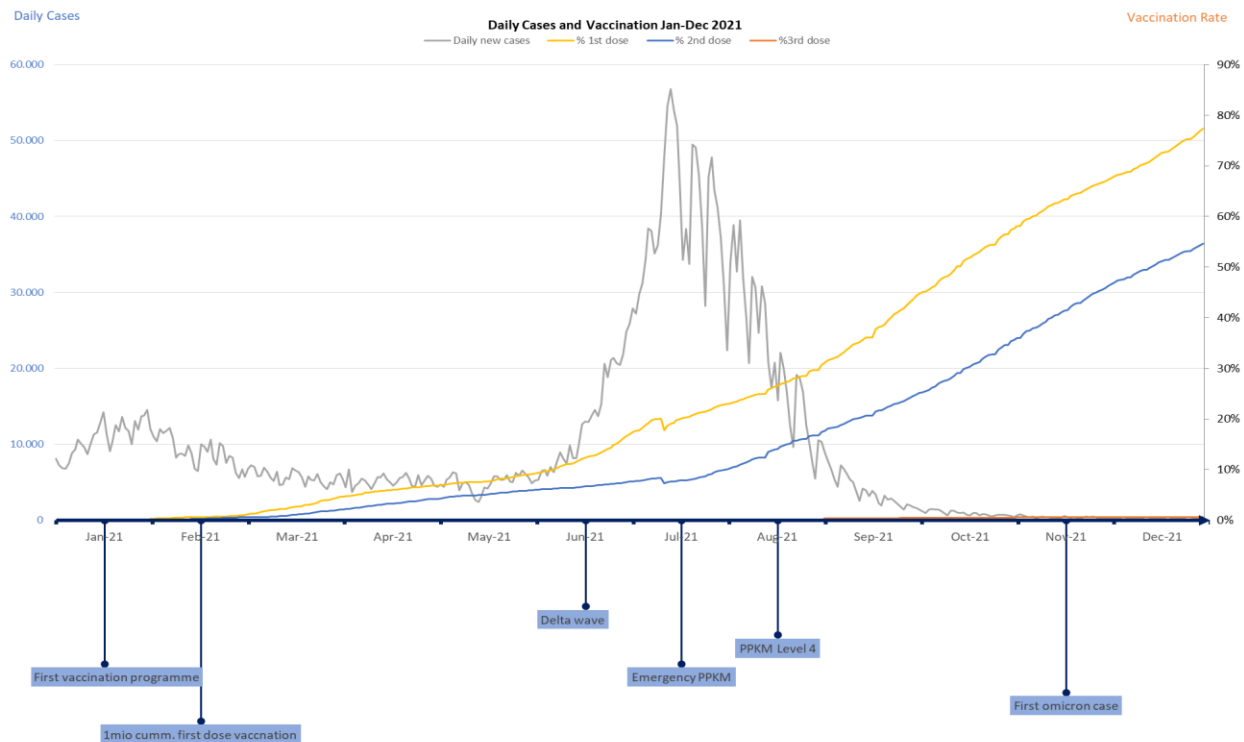
⁹ Among others, Government Regulation in Lieu of Law No. 1/2020 on state financial policy and maintaining financial system stability to mitigate the Covid-19 pandemic and/or other threats to the national economy and/or financial system stability (31 March 2020), Government Regulation No. 23/2020 on the National Economic Recovery (*Pemulihan Ekonomi Nasional* or PEN) program (9 May 2020), and Presidential Regulation No. 72/2020 (24 June 2020). Government Regulation in Lieu of Law No. 1/2020 was then enacted as Law No. 2/2020 (16 May 2020).

¹⁰ Presidential Regulation No. 82/2020 on the Committee for Handling Covid-19 and PEN.

Source: Authors

Several measures were implemented, as argued by the government, to strike a balance between containing the pandemic while preserving the economy from large-scale social restrictions, mask wearing and hygiene campaigns, reallocation of state budget for pandemic response, to distribution of social assistance. But the speed of Covid-19 spread in Indonesia was worrying. While it took 8.5 months from March to the end of November to reach 500,000 cases, it took only 2 months from the end of November 2020 to the end of January 2021 for that number to double (Figure 1). The pandemic curve had never shown signs of ever flattening, forming one continuous wave, and even in the second quarter of 2021, the second wave hit severely. The vaccination started in January 2021, but the uptake was not fast enough to prevent the quick spread of the deadly Delta variant, although it is scientifically believed that the vaccination helped reduce the fatalities rate when infected (Figure 3).

Figure 3. Daily Cases and Related Measures and Policies: January-December 2021



PPKM: *Pemberlakuan Pembatasan Kegiatan Masyarakat* (Community Activities Restrictions Enforcement)

Source: Authors

The ‘game changers’ in 2021 were vaccination and economy revitalization. In this respect, the government devised two broad strategies, particularly the National Covid-19 Vaccination Program and incentives to boost production, consumption, and investment. Rolled out on 13 January 2021, the vaccination program was divided into four phases. The first two phases were initially planned to be carried out from January to April 2021, prioritizing medical workers, public service

employees, and the elderly groups. The execution of the third and fourth phases was anticipated from April 2021 to March 2022, targeting individuals living in high-risk areas and other citizens. To obtain herd immunity, around 181.5 million people (70 percent of the population) must be vaccinated. Table 2 details the vaccination plan.

Table 2: Indonesia Covid-19 Vaccination Program

| Vaccine Phase | Priority Groups | Number of Targets (people) | Revised Number of Targets (people) |
|---------------|--|--------------------------------|------------------------------------|
| Phase 1 | Medical workers | 1,300,000 | 1,468,764 |
| Phase 2 | Public service employees | 17,400,000 | 17,327,167 |
| | The elderly (> 630 years old) | 21,500,000 | 21,553,118 |
| Phase 3 | Vulnerable citizens (living in high-risks areas) | 63,900,000 | 141,211,181 |
| Phase 4 | Other citizens (assessed based on cluster and the availability of vaccine) | 77,400,000 | |
| | Age group 12-17 years old | | 26,705,490 ^b |
| | Age group 6-11 years old | | 26,500,000 ^c |
| TOTAL | | 181,500,000^a | 208,265,720^d |

^a Number of individuals receiving second dose of vaccine.

^b Revision was announced on 13 July 2021.

^c Target of the age group 6–11 is made based on the BPS 2020 national population census.

^d Target of the age group 6–11 is not included in the total target of vaccinated individuals.

Source: Ministry of Health (31 December 2021).

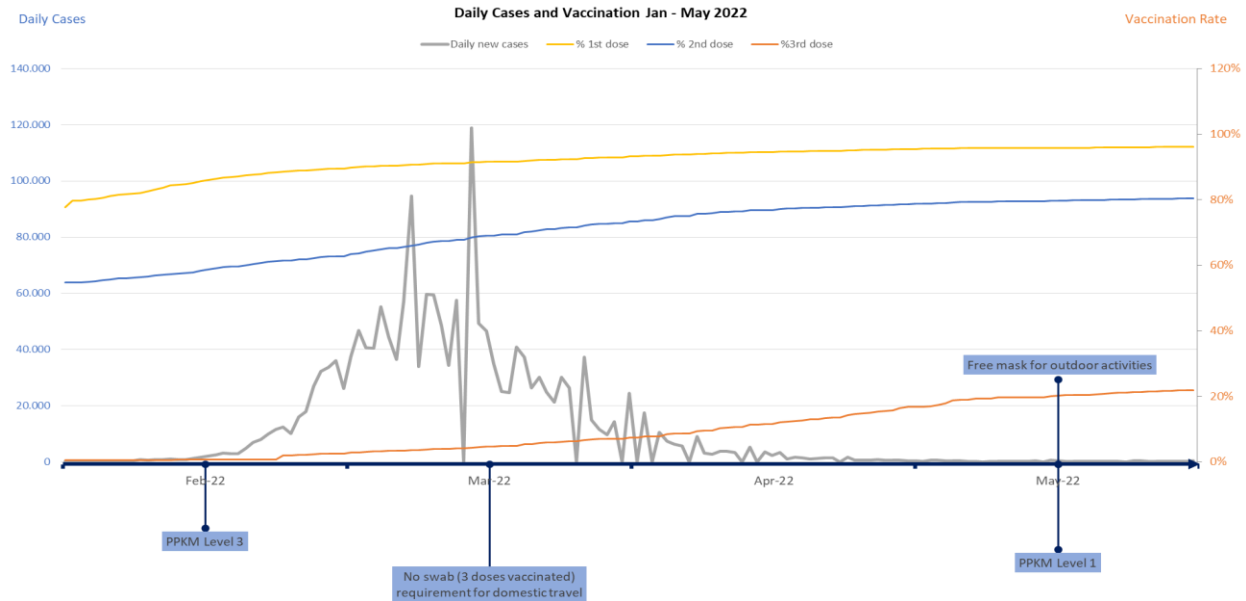
The vaccination for children age group 6–11 years old started on 14 December 2021. The booster shot for Covid-19 vaccine started on 23 July 2021 focusing only on health care workers. The booster shot for the public started on 12 January 2022 for those aged 18 years and above that have received full dose vaccine at least 6 months from the second shot. According to the Ministry of Health, priority is given to the elderly and immunocompromised people. Sinovac, AstraZeneca, Moderna, Pfizer, and Zifivax are used for Covid-19 booster shots. The booster is free of charge.

In addition to the national vaccination program, the government has also allowed a paid vaccination scheme (*Vaksinasi Gotong Royong* or VGR). The scheme, proposed by the Indonesia Chamber of Commerce, officially started on 18 May 2021. The government mandated the VGR to use different vaccines (i.e., Sinopharm and Cansino) than those in the national vaccination program. In this scheme, companies would bear the vaccination cost for its employees, families, and other related individuals. The vaccination cost under VGR scheme was set at Rp188,984 (\$13.03) per person. The scheme aimed to vaccinate 7.5 million people. Of that number, by 31 December 2021 (after 7 months of implementation), 1,298,516 people have received the first dose and 1,222,423 people have received the second dose. The VGR scheme is ongoing but with minimal take up.

In the period of January to May 2022, despite the third wave of Omicron in the beginning of the year, the situation has much improved. The economy has slowly and steadily recovered, as

indicated by the growth of GDP from -2.07 by end of 2020 to growth of 3.69 by the end of the third quarter 2021. The Ministry of Finance projected growth for 2022 to be 5.2 percent (Table 1).

Figure 4. Daily Cases and Related Measures and Policies: January-May 2022



Source: Authors

Starting the year with PPKM Level 3 policy, despite the highest daily case ever in the end of February 2022, in early March the government dropped the requirement for PCR and antigen for domestic travellers (Figure 4). And in May, with the President’s announcement, Indonesia –sort of— entered the transition from pandemic to endemic.

Reflecting the whole course of pandemic handling from March 2020 to May 2022, while the current situation has much improved, we witnessed a very grave period from the beginning until the second wave which took most of people’s lives. It is important therefore to draw a lesson on how the government responded the pandemic from the policy perspective particularly policy coordination, implementation, and communication.

3. Policy: Coordination, Implementation, and Communication

To help us understand the nature of policy and public policy, particularly in the context of Indonesia during the time of the pandemic, we propose Thomas Dye’s best-known, concise definition: that public policy is “anything a government chooses to do or not to do” (1972:2). In other words, it is a course of government action or inaction in response to public, real world problems. According to Clark (1982), public policy can also be seen from the ‘goal attainment’ and ‘power configuration’ aspect. In their view, public policy are steps taken by the government

to solve problems, make decisions, allocate resources, and implement policies –things that are expected of them by their constituencies.

Events of major public concern, such as acts of terror, financial crises, major natural disasters, or the current Covid-19 pandemic, provide a good way to examine the above. As policy is not made in a vacuum, it is important to examine how policy decisions are made, and in whose interest, by which the actors, how it is implemented and by whom, and its impacts for the public at large.

There are four main factors that inform the policymaking process: the political environment, the economic environment, the social and cultural environment, and the administrative environment. Politically, the question might be better formulated according to Lasswell, “who gets what, when and how” (1936). In this logic, public policy can be seen from two lenses: *one*, as a set of interrelated decisions by a political actor or group of actors whose power can be exercised to achieve them (Jerkins 1978), and *two*, as proposals, programmes, major decisions, or refusals to make certain decisions (Sharkansky 1978) – recognizing government inaction as policy as well.

Here, while it is substantial to ensure evidence-based policymaking, it is easier said than done. Evidence and knowledge reside in the intellectual domain, while policy is made in the political space –and these two realms are often distant, if not entirely disconnected. It is very rare that knowledge and evidence genuinely inform or shed light on policy. Instead, they are often used *ex-post* –only for legitimacy. Rather dark, perhaps, but for example, even for something as unambiguous as death count, Indonesia lacked transparency¹¹ and some subnational governments downplayed the definition of Covid-19 deaths set by the WHO to lower or underreport death counts¹². This, clearly, seriously compromises the policymaking processes.

Our major concern here, further, relates to the nature of policy and government’s capacity to communicate, implement, and coordinate it. Policy –be it government action or inaction– always pertains a set of issues that affect socio-economic and social development in the public life. As real-world problems are always complex, and increasingly so, the government can never solve all of them alone. The challenges are, at least, twofold. One, government’s capacity is limited, and it must therefore prioritize –and these priorities keep changing. This, sometimes, is what creates or contributes to many dilemmas the government faces during crises. Two, hence, the whole business of policy has to move towards greater use of evidence in policy design, making, implementation, and communication.

¹¹ For example, until the last week of July 2021 when Delta variant hit so badly, there were discrepancies between deaths compiled by local and regional governments versus the central government, with at least 19,000 deaths unaccounted in the national data. See <https://laporcovid19.org/post/lebih-dari-19-000-kematian-belum-tercatat>

¹² <https://www.cnnindonesia.com/nasional/20210723110456-20-671205/idi-jatim-soal-data-nol-kematian-Covid-19-coba-lihat-kuburan>

3.1 On Policy Coordination

There have been fundamental problems in both horizontal and vertical coordination which eventually hindered, if not sabotaged, the best possible outcome of pandemic response. On top of that, the government's lack of political resolve to curb the pandemic and prioritize public health and safety over economic considerations contributed to the magnitude of the crisis, which in turn seems to be rooted in political interests (Nugroho and Syarief 2021).

Horizontal coordination

One of the main problems with Indonesia's handling of the second wave of pandemic seems to lie on two fundamental decisions made by President Widodo. First, his single-minded focus on economic development (Aspinall, 2022). Rather than saving lives, the overall strategy of Jokowi's administration in battling Covid-19 is more oriented towards protecting the economy¹³. His policies throughout the pandemic heavily favours economic interest, even during imminent crisis.

When the number of Covid-19 cases soared on the last days of June 2021 with more than 20 thousand confirmed daily cases, the President held a cabinet meeting on 29 June 2021 to discuss enforcing emergency public activities restrictions (*Pemberlakuan Pembatasan Kegiatan Masyarakat/PPKM Darurat*)¹⁴, something that –according to the Coordinating Minister for Human Development and Culture Muhadjir Effendy— had already been discussed since the day before¹⁵. Later that day, the National Covid-19 task force chief Ganip Warsito said that the president would announce the restriction in the afternoon right after the meeting, even mentioning the approximate time of 2 pm¹⁶. Instead, President Widodo took the time to fly to Kendari, Southeast Sulawesi, to inaugurate the congress of Indonesian Chamber of Commerce and Industry (*KADIN*)¹⁷. The announcement of the emergency restrictions only came a day after the congress, on 1 July 2021, via the Presidential Secretariat's YouTube channel¹⁸ in which the President was seen wearing the same distinctive batik formal shirt he wore during the meeting two days earlier¹⁹, prompted speculations that the speech was recorded and held from the public until KADIN congress was over.

¹³ <https://www.thejakartapost.com/academia/2021/07/02/they-did-not-have-to-die.html>

¹⁴ <https://bisnis.tempo.co/read/1477924/jokowi-resmi-tunjuk-luhut-jadi-koordinator-ppkm-darurat-jawa-bali>

¹⁵ <https://www.liputan6.com/news/read/4594124/pemerintah-sudah-bahas-ppkm-mikro-darurat-sejak-senin-28-juni-2021-kemarin>

¹⁶ <https://nasional.okezone.com/read/2021/06/29/337/2432606/satgas-Covid-19-presiden-jokowi-umumkan-ppkm-darurat-siang-ini>

¹⁷ <https://www.beritasatu.com/ekonomi/793923/pukul-beduk-jokowi-resmi-buka-munas-viii-kadin-di-kendari>

¹⁸ <https://www.youtube.com/watch?v=nbTguNnjYwM>

¹⁹ <https://www.youtube.com/watch?v=Eg0KxiW0hi0>

Jokowi's tendency to focus more on the economic aspects of the crisis had already been seen since the start of the pandemic. His early press conferences were typically brief with very little explanation regarding the virus itself, but provided details of various government hand-outs to citizens affected by the economic downfall²⁰. The speech was in line with the lax approach towards the health aspect during the early days of pandemic, even after he was reportedly shown statistics in which experts calculated the potential death toll of 7.5 million lives (Elliott 2020). His later speech, on the extension of emergency restrictions during the second wave of Covid-19, showed a similar trait: brief, provide little details regarding the virus and how bad it has wreaked havoc on the lives of Indonesians –even when deaths at that time reached the average of 1,200 daily in an underreported situation— as the rationale to prolong the restrictions, yet considerably elaborative in explaining economic relief²¹.

Second, the President's reluctance to take command of the pandemic handling. Throughout the crisis, Indonesia has seen many figures commanding the pandemic response, but never the president himself. The latest unconventional formation was that the Coordinating Ministers for Maritime Affairs and Investment (Luhut Pandjaitan) and for Economic Affairs (Airlangga Hartarto) shared the command of public activity restrictions: the former was in charge of Java and Bali, and the latter the rest of the archipelago. This division was the result of the public activity restrictions announcement on 1 July 2021 during the Delta wave²² and remained ever since. However, within the larger context of pandemic handling and recovery of national economy, Minister Hartarto leads the inter-ministerial committee, drawing the presumption that the President was not satisfied of his performance but reluctant to replace him²³. Jokowi's tendency to hand over command of many crucial decisions, including pandemic response, to Minister Pandjaitan drew criticism from Jokowi's own political party leader former President Soekarnoputri²⁴, member of parliament²⁵, and even health workers association²⁶. These criticism was met with rebuttal from

²⁰ <https://nasional.kompas.com/read/2020/03/31/16271751/pidato-lengkap-jokowi-dari-psbb-listrik-gratis-hingga-keringanan-kredit?page=3>

²¹ <https://nasional.tempo.co/read/1485453/ini-pidato-lengkap-jokowi-umumkan-perpanjangan-ppkm-darurat/full&view=ok>

²² <https://nasional.kompas.com/read/2021/07/01/05591431/menanti-keputusan-jokowi-soal-ppkm-darurat?page=all>

²³ <https://www.thejakartapost.com/news/2021/10/14/when-the-going-gets-tough-jokowi-has-mr-fix-it-luhut-at-the-ready.html>

²⁴ <https://nasional.kompas.com/read/2021/08/04/19235541/megawati-sebut-jokowi-harus-pegang-komando-penanganan-bencana-extraordinary>

²⁵ <https://www.kompas.tv/article/194456/ppkm-darurat-diperpanjang-jokowi-diminta-pimpin-langsung-pelaksanaannya-jangan-diserahkan-ke-luhut>

²⁶ <https://katadata.co.id/ameidyonasution/berita/611cee9c820ed/koalisi-nakes-beri-8-rekomendasi-minta-jokowi-tangani-langsung-covid>

the Palace and the Minister himself, saying that the highest leader in the pandemic response was the President himself²⁷ and that he was merely the field commander²⁸.

In our views, both aspects largely contribute to the poor pandemic handling and coordination across ministries. The refusal to decisively acknowledge that the pandemic is a health crisis—that should be treated as one—and the blurry chain of command created multiple confusion in horizontal coordination within the administration and impacted in the effectiveness of vertical coordination.

Vertical Coordination

Among many problems Indonesia faces on vertical coordination between national and subnational government, which also largely affects pandemic handling, one most notable would be its concept of regional autonomy. It is half-hearted, if not ambiguous. The law in which regional autonomy is based underwent several major amendments from its original form, Law 22/1999, until the current form, Law 23/2014 on Local Government.

Regardless of the formal establishment of local governmental authorities it offers, the law has yet to show any genuine division of authority (Rasyid 2004), mainly coming from the central government's omission of various old laws and regulations that are no longer in accordance with the new autonomy law (Samadhi 2015). Former Jakarta governor Basuki Tjahaja Purnama puts it as, “*(the) head is being freed (while the) tail is being held*”²⁹. On the other hand, many subnational governments simply do not have the capacity to manage its own authorities and responsibilities, including on its healthcare system (Nugroho and Sujarwoto 2021; Kristiansen and Santoso 2006).

Without clear division of authority between central and subnational government, the current concept of regional autonomy provides loopholes in enabling both parties to either pass the buck in an attempt to overlook issues, or veto each other's policy as their authority overlaps, creating continuous discoordination. At times, this loopholes are being milked by political actors for their own political gain or to preserve their popularity in the eyes the public. Mietzner portrayed an example of how this discoordination eventually led to the damage of the pandemic containment effort when two political rivals, President Jokowi and Jakarta Governor Anies Baswedan, opted for “diametrically opposed approaches to fighting the outbreak” (2020:236). Both were seen as sabotaging each other's pandemic policies (Sulaiman 2020), essentially using every loophole in the absence of clear authority division under the current form of decentralization.

²⁷ <https://voi.id/en/news/73795/even-though-luhut-airlangga-is-commanding-the-handling-of-the-pandemic-moeldoko-emphasizes-that-jokowi-remains-the-highest-leader>

²⁸ <https://nasional.kontan.co.id/news/jokowi-panglima-tertinggi-penanganan-pandemi-luhut-saya-komando-lapangan>

²⁹ <https://www.cnnindonesia.com/nasional/20150427102846-20-49421/otonomi-daerah-setengah-hati-dari-pemerintah-pusat>

3.2 On State Capacity and Policy Implementation

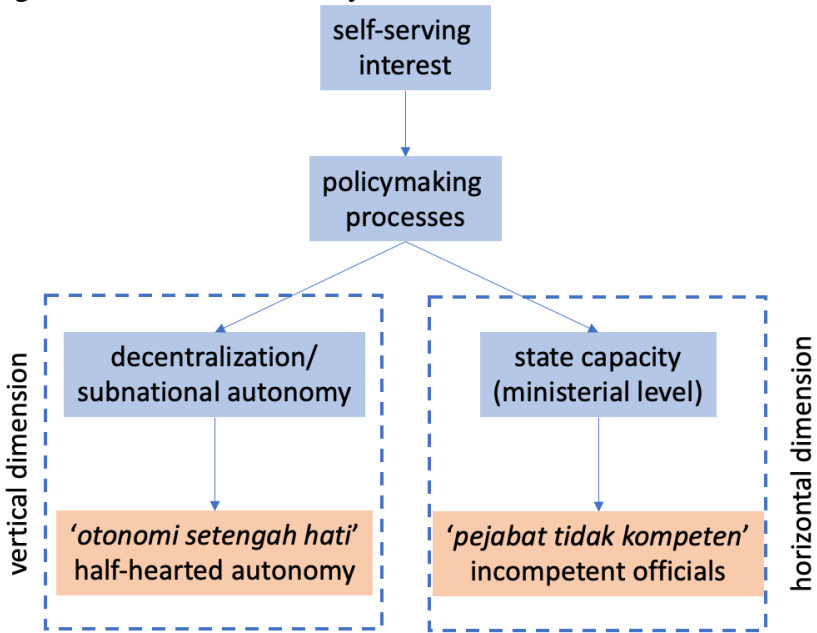
Successful policy outcome is determined by at least three aspects. One, translating political aspirations via the policymaking process throughout the bureaucratic structure; two, executing the policy using the machinery of government, and three, communicating the substance of the policy to the wider public and bureaucracy alike. These all are very much dependent on the state capacity, which is commonly understood as the ability of the state to implement a range of policies, deliver development outputs and outcomes (Nugroho and Sujarwoto 2021:299). For the purpose of this chapter, expanding on the works of Tilly (1985), Berwick and Christia (2018), and Herbst (1990), we offer a broader working definition of state capacity as: “The ability of the government to deliver, make policies and regulations, create institutional settings, enforce implementation of planning, set up accountability mechanisms, and support all development undertakings through resources it could mobilize.”

This state capacity in Indonesia, particularly its regulatory and institutional framework, is worryingly weak and have not been effective in addressing the immediate risk of Covid-19 to lives and livelihoods, as well as the lasting damage to public health system and the longer-term impact on the country’s economy and social fabric. The problem is further complicated by political interventions within the bureaucracy as it has apparently become an extension of various political interests. As a result, not only the pandemic was out of control and economy put on halt, but that trust of the public for the government was eroding.

In hindsight, the root of this problem is quite fundamental: what drives the policy is the politics behind it and that the country’s politics today mostly strive for self-serving interest, instead of ideological contestation, as we argued earlier (Nugroho, Kenawas, and Syarief 2021). In making decisions in response to the pandemic, the government arguably did not always act in the collective interest, i.e. preventing infections and deaths in the best possible way. Arguably, economic elite domination (Gilens and Page 2014) is the foundation of the self-serving interest nature of Indonesian politics. It has been this self-serving nature of Indonesian politics that has clouded the deliberation process –and even created a number of dilemmas— as a number of political actors, now acting as policymakers, came to discuss, or negotiate, policy (Nugroho and Syarief 2021). And we argue here, it is this self-serving interest that becomes the main cause of the poor policymaking processes and hampers communication, implementation, and coordination –both vertically (between central and sub-national governments) and horizontally (among and between ministries and agencies). The pandemic response highlights two important aspects: first, Indonesia’s problematic decentralization management. Among many issues with regional autonomy, two most prominent are arbitrary exercise of authority and politicization of bureaucracy manifested in elite capture and political intervention (Nugroho and Sujarwoto 2021). Second, Indonesia’s low state capacity, worsened by self-serving politics, damaging severely the

policymaking process and implementation. When it comes into problematic coordination and implementation of policy at the subnational level, often the excuse –or explanation— is simplified into ‘*otonomi setengah hati*’ or half-hearted autonomy. Whereas when the same happens across ministries and agencies, the most-used pretext is ‘*pejabat tidak kompeten*’ or incompetent officials. Such is being perpetuated because it is an effective scapegoat to mask incompetence and/or low state capacity. This is depicted in the Figure 5 below.

Figure 5. What Drives Policy in Indonesia?



Source: Authors

In the case of Covid-19 pandemic, arguably there was no political will to implement the Health Quarantine Law (*UU No 6/2018 Keekarantinaan Kesehatan*) that would stipulate the Government to impose quarantine and ensure the livelihood of people and livestock within the quarantined area. Instead, the government kept deciding to create various terms for public activity restrictions to avoid using the word ‘quarantine’ or ‘lockdown’, which many suspects as attempts to avoid the obligation to provide necessary social support^{30,31}. Not only did this avoidance hinder optimum pandemic response by the bureaucracy³²; it was also one of the main reasons of low public

³⁰ <https://www.theguardian.com/global-development/2021/jul/22/struggling-for-work-and-food-indonesias-poorest-suffer-as-covid-crisis-deepens>

³¹ <https://www.cnbcindonesia.com/news/20210724085837-4-263252/waspada-ri-ekonomi-tahun-ini-diramal-terseok-seok>

³² <https://www.thejakartapost.com/academia/2021/07/22/cost-of-easing-lockdowns.html>

compliance^{33,34}, and created injustice between the obligation of the government versus the public when the particular law was only being used to punish those deemed violating activity restrictions³⁵ (Nugroho 2021; Nugroho and Syarief 2021).

As results, there was no clear vision and no clear division of labour in the pandemic response right from the central government to the sub-national and across ministries and state agencies. This explains the overlapping and inconsistencies in the policies, which, in the end, despite inadvertently, created mixed messages to the public and bureaucracy alike when the policies are communicated, implemented, and coordinated. This has had serious political implications, bringing to question the effectiveness and competency of the government in managing this crisis and undermining public trust, which further complicated efforts to control the pandemic³⁶.

3.3 On Policy Communication

While policy communication is important during the pandemic –when people take in, process, and act on information differently than during normal times (Covello et al. 2001; Glik 2007) —it pertains closely to risk communication, which is the focal point in building risk perception among the public and an integral part of emergency response by the bureaucracy, i.e. government agencies and subnational governments alike. Effective risk communication also allows authorities and experts ‘to listen to and address people’s concerns and needs so that the advice they provide is relevant, trusted, and acceptable’ (WHO 2018). Ideally, it should use simple, consistent, and accurate messages from credible sources and be released in a timely manner (CDC 2019). Hence it provides trustworthy and relevant information during the pandemic to inform people about risk, influence behavioural change, and encourage participation in decision making about emergency measures (Lohiniva et al. 2020)³⁷.

In hindsight, the inability to effectively communicate pandemic policies indicated something more fundamental: the government’s own initial lack of understanding regarding the transmission of Covid-19 virus and the absence of comprehensive and coherent risk communication strategy. The inconsistencies of the mask-mandate and self-limitation on travel during the early days of pandemic offer prime examples.

³³ <https://nasional.kompas.com/read/2021/07/19/18325421/pengamat-sebut-masyarakat-tak-patuhi-ppkm-karena-pemerintah-juga-tak-patuhi?page=all>

³⁴ <https://news.detik.com/berita/d-5646586/pemerintah-diminta-terapkan-uu-kekarantinaan-kesehatan-agar-ada-efek-jera>

³⁵ <https://nasional.tempo.co/read/1485316/apakah-uu-kekarantinaan-kesehatan-diterapkan-jika-ppkm-darurat-diperpanjang/full&view=ok>

³⁶ <https://www.economist.com/asia/2020/08/29/politics-is-spreading-Covid-19-in-indonesia-and-the-philippines>

³⁷ Here, accurate information from the government and political elites can lead to rapid behavioural change (Green et al., 2020), which is paramount in the effort to save lives.

Indonesia made it mandatory for citizens to wear face masks outside of their homes on 5 April 2020³⁸, with stern warning from the government’s Covid-19 spokesperson in May 2020 that face masks should cover nose and mouth, and that exposing nose while wearing it –or worse, leaving mask hanging on the chin— was equivalent to not wearing mask at all³⁹. These statements were followed with the issuance of Presidential Instruction (Inpres) No. 6/2020 on 4 August 2020, ordering for a nationwide enforcement of Covid-19 protocols, making violations subject to legal sanctions throughout the country⁴⁰. However, these measures were not followed by cues to show the government’s own comprehensive understanding of why one should cover their face properly during a pandemic of something as transmittable as the novel coronavirus. From time to time, President Widodo himself had failed to exhibit his own understanding of how masks were supposed to be worn. On many occasions, he was seen lowering his mask, showing what people jokingly call as ‘chin guard’ (where mask was worn on the chin rather than covering the nose and mouth, the exact areas where a mask supposedly should cover in order to prevent the spread of the disease from droplets).

Figure 6: President Widodo observed a mall in Bekasi (26/5/20)



Source: The Press Media and Information Bureau of the Presidential Secretariat

³⁸ <https://www.straitstimes.com/asia/se-asia/coronavirus-indonesia-orders-citizens-to-wear-masks-as-infections-rise>

³⁹ <https://news.detik.com/berita/d-5023216/pemerintah-tak-tutup-hidung-sama-saja-tak-pakai-masker-berisiko-kena-corona>

⁴⁰ <https://www.thejakartapost.com/news/2020/08/06/jokowi-orders-nationwide-enforcement-of-covid-19-protocols-sanctions.html>

Figure 7: President's visit to Banyuwangi, East Java (25/6/20)



Source: The Press Media and Information Bureau of the Presidential Secretariat

Figure 8: President asked the public to practice health protocols (25/7/20)



Source: The Press Media and Information Bureau of the Presidential Secretariat

The lack of comprehension on the transmission of virus was made worse by the fact that there was no orchestrated effort to produce coherent messaging to the public until before the peak of second—the deadliest— wave of the pandemic caused by the Delta variant. Government officials made conflicting statements, often causing confusion, hindering the effectiveness of their own risk and policy communication. While the Covid-19 cases started to significantly rise by the end of June 2021, both the President and Vice President offered contrasting statements only five days apart: President Widodo appealed to the public to stay at home except for urgent needs (23 June 2021), while Vice President Amin encouraged Indonesians to travel to the exotic Raja Ampat, Papua (28 June 2021)⁴¹. The conflicting statements sparked mockery on social media, prompted the public to question whether there were any coherent communication efforts from the government.

⁴¹ <https://www.suara.com/news/2021/06/29/074453/jokowi-minta-tinggal-di-rumah-wapresnya-ajak-wisata-publik-pilih-mana?page=all>

Figure 9: Meme of conflicting statements made by the President and Vice President



Source: Nuice Media (<https://twitter.com/nuicemedia>)

Failure to communicate policy and its implementation and coordination during crisis would undermine public trust towards authorities from whom they obtain reliable information. This also extends to key political elites and actors that can influence policymaking. Arguably, it is this failure in policy implementation, coordination, and communication, early and consistently, that contributed to views in the general public that the Indonesian government had been slow and cumbersome in responding to the Covid-19 crisis (Nugroho and Negara 2020b).

4. Policy dilemmas and the turning points

It is certain that managing any development policies during the pandemic is highly challenging, particularly when dealing with dilemmas. Despite earlier argument that the root cause of these dilemmas are the cognitive dissonance and self-serving interest of those bearing power in the government, it is useful however to learn from the ways in which the government addressed them and, that way, inherently –and genuinely—improved its policy over time.

One main important policy, as mentioned above, is PC-PEN program. Through this program, the government actively attempted to suppress the impacts of the pandemic particularly to the poor, informal sector (including MSMEs), and to recover the economy. The government also endeavoured to strengthen the Indonesian national health system and to increase its capacity to anticipate future shocks and crises. For example, the government distributed a large amount of

social protection since the beginning of the pandemic. The program includes the Family Hope Program (PKH), Non-Cash Food Assistance (BPNT), Social Cash Transfer (*Bantuan Sosial Tunai*), among others. Generally, this social assistance programs had helped more than 40 million recipient households or more than 75 million individuals. The government had also created more than five million jobs and hence activated the economy. It helped 250,000 house buyers, 15,000 Islamic Boarding Schools (*pesantrens*), and more than 200,000 madrasahs; the government also provided incentives to hotels, restaurants, and public transport. In addition, subnational governments had received economic support through subnational financing facility. The government also supported the informal sector by aiding more than 40 million MSMEs including 15 million micro and ultra-micro businesses. Interest subsidy had been enjoyed by more than 27 million MSMEs and enterprise income tax relief benefitted more than 300,000 MSMEs. Further, the government had given some individual tax reliefs to 500,000 taxpayers as the incentives for his business. Final income tax relief also helped more than 150,000 taxpayers. Deduction of business income tax were given to about 70,000 company taxpayers; 15,000 taxpayers enjoy import tax exemption; and 2,400 taxpayers also benefitted from the income tax restitution.

In the health sector, in addition to strengthening primary healthcare services, the government initiated various programs to fight the pandemic. From the beginning of the pandemic, it has covered medical expenses for more than 300,000 Covid-19 patients, incentives for more than one million medical workers, death compensation for more than 200 medical workers, and health insurance subsidy for more than 55 million beneficiaries. Besides setting up Covid-19 task forces (in March and July 2020), and pushed for the vaccination, the government puts as priority to support the development of the national vaccine, i.e., *Vaksin Merah Putih*. As a result, the pandemic seems to be contained better.

During May 2022, additional Covid-19 cases were recorded at 8,177, down 75.9 percent compared to April 2022 (33,978). The number of cases in April also fell significantly compared to March (448,370) or February (1,211,078). The number of deaths in May was 334, down 71.4 percent compared to April (1,168). The average positivity rate has also decreased to 0.43 percent in May from 1.39 percent recorded in April. The first dose of the vaccine had been administered to 200.27 million or 96.2 percent of the target, while the second dose were injected to 167.4 million or 80.4 percent of the target. The booster jab, however, just reached 45.7 million or 21.9 percent of the target. As of end of May 2022, people's mobility in the workplace has grown by 16 percent, activity in retail and recreation by 11 percent, and movement in places for shopping their daily necessities 31percent.

Yet, what seems to be a smooth sailing in balancing health and economy in the pandemic response in Indonesia is quite turbulent. And as explained elsewhere in this chapter, this stem from self-serving interest of those bearing power in the government, which is never helpful when facing some dilemmas. In Indonesia, it is this combination of weak state capacity (including in policy

coordination and implementation) and impediment in responding to dilemmas in fighting the pandemic that contributed, despite inadvertently, in creating difficult circumstances.

First –the key— dilemma: Economy or health? As argued elsewhere in this chapter, in the beginning of the pandemic, early government policies evidently favoured economic interest over health. In addition, the government was seen to be having a minimum sense of crisis –which angered the President himself (Nugroho 2020). Indeed, the worry that the pandemic which had hit the world economy badly would also thump the country became the very reason the government tended to prioritize economy over health when facing difficult choice. For example, in March 2020 after the President announced the first cases, the government –on the contrary— allocated IDR298.5 billion to promote tourism, particularly international tourists to recover the tourism sector which was hit the hardest. Even, one budget item was to recruit influencers at IDR72 billion⁴². Whereas, at the same time, when this policy was issued by the Coordinating Ministry for Economic Affairs, many other countries closed its border to prevent Covid-19 transmission.

Second dilemma: To lockdown or not? The government attempts to curb Covid-19 infection by restricting mobilities through various policies (e.g., many levels of PPKM and PSBB/Large-Scale Social Restriction) was seen to be suboptimal and even controversial. Furthermore, the implementation of many restriction policies particularly emergency restrictions policy (PPKM Darurat) was deemed to be inconsistent and lacked coordination both among ministries and agencies and between central and subnational governments. As we argued in another commentary (Nugroho and Syarief 2021), the root of the problem was because this emergency restriction was carried out without a legal basis on regional quarantine. It must be noted that the term ‘community activities restrictions’ (PPKM) is not defined in the Law No. 6 2018 on the Health Quarantine, which only acknowledges *Karantina Wilayah* (Regional Quarantine) and *Pembatasan Sosial Berskala Besar* or PSBB.

As argued in the previous section, the government opted for PPKM rather than imposed regional quarantine because the use of the later term would have obligated the government to provide for basic needs (food) for both human and livestock in the quarantined areas. The implementation of this policy became more problematic when the term being used kept changing and even different localities use different name –confusing the public. Since April 2020, the government has used seven different terms: PSBB, Transition PSBB, PPKM Java-Bali, Micro PPKM, Emergency PPKM, Level 3 PPKM, and Level 4 PPKM. Further, there was serious inconsistency: when PPKM policy was implemented, society’s mobility was also still very high. For example, only two days into its implementation, Emergency PPKM was already violated. Mobility of public in Jakarta, West Java and Banten provinces were extremely high: many trespassed road barriers and

⁴² <https://nasional.kompas.com/read/2020/03/02/10323441/rp-72-miliar-untuk-influencer-dalam-atasi-dampak-virus-corona-pengamat-mau?page=all>

heavy traffic jam across Jakarta. As result, the infection case rose⁴³. Even, if we recall, only three months into the pandemic, in June 2020, the government announced ‘New Normal’ which cancelled the PSBB. This was heavily criticised because it gave false feeling and illusion that the pandemic was over, and the infection curve managed to be declined –which was clearly not the case.

Third dilemma: Democracy or pandemic response? The root of the dilemma between preserving democracy and responding to the pandemic was about the implementation of ‘procedural democracy’ when at the same time the exercise of ‘substantive democracy’ was restricted. This was particularly concerning when the government attempted to limit public aspiration and critics using pandemic response as an excuse and legitimacy. The Government Regulation in Lieu of Law (Perpu) No. 1/2020 on State Financial Policy and the Stability of Financial System⁴⁴ was used as an emergency legislation that had a loophole: allowing diversion of law, limitation and denial of citizens’ rights, and control of government officials in implementing the regulation, although *de facto* these legal systems worked out without emergency.

At the same time, instead of taking control and leading proper policy communication as well as opening participatory space for public, a number of criticisms towards many contradictions in pandemic handling ended up with repression –leading to real worry of the end of democracy. For example, in May 2021 there was a repression leading to firing the health workers of Covid Emergency Hospital *Wisma Atlet* who demanded that the incentives they were entitled to during their work in fighting the pandemic be paid⁴⁵. Another most quoted example is the repression to hundreds or even thousands of those rejecting the Omnibus Bill on Job Creation (RUU Cipta Kerja) in October 2020⁴⁶.

However, perhaps to show the power of democracy, amid the pandemic, the government insisted to run simultaneous subnational elections to elect 279 subnational leaders on 9 December 2020 with a budget of IDR5.2 trillion (US\$370 million) despite considerable objections. And it turned out that the elections had created new infection clusters in many areas especially in Java. Arguably the cluster was formed since the beginning of, and was advancing during, the election process, i.e.,

⁴³ <https://nasional.kompas.com/read/2021/07/06/16421091/update-6-juli-kasus-aktif-covid-19-di-indonesia-kembali-capai-rekor>

⁴⁴ This is the full title: Government Regulation in Lieu of Law No. 1 Year 2020 on State Financial Policy and the Stability of Financial System for Covid-19 Pandemic Handling and/or in order to Address Threats that Endanger National Economy and/or the Stability of Financial System (*Perpu No 1/2020 tentang Kebijakan Keuangan Negara dan Stabilitas Sistem Keuangan Untuk Penanganan Pandemi Covid-19 dan/atau Dalam Rangka Menghadapi Ancaman Yang Membahayakan Perekonomian Nasional dan/atau Stabilitas Sistem Keuangan*)

⁴⁵ <https://tirto.id/ketika-nakes-dipecat-usai-protes-insentif-yang-telat-dipotong-gfS6>

⁴⁶ <https://www.bbc.com/indonesia/indonesia-54469444>

declaration, registration, campaigns, and the voting—all involved many people⁴⁷. Per 12 September 2020, 63 out of 1,470 candidates for subnational governments tested positive Covid-19⁴⁸.

Fourth dilemma: Security or (excessive) custody? The seemingly excessive involvement of the military (Indonesian Arm Forces/TNI) and police (POLRI) in the overall Covid-19 response scheme, in a way, resulted in public polemic. According to the structure of the Covid-19 Task Force as stipulated in the Presidential Decree No.7/2020 and its revision as in the Presidential Decree No.9/2020, the government assigned TNI/POLRI to take control and central role during the pandemic response period. For this, TNI enacted the Military Operations Other Than War or MOOTW (*Operasi Militer Selain Perang*, OMSP) for civic missions through three *modus operandi*: medical, security, and general support. Clearly, the government handed the responsibility more to the military than to the health authority, although their role in imposing the implementation of health protocol was not effective. For example, from July 2020 to April 2021 there were 1,096 reports of health protocol disobedience despite the direct order from the Chief of Arm Forces. On the other hand, there were cases of physical repressions to the public such as violent forced dismissal of protests and rallies and physical sanction to violators of health protocol⁴⁹. Whereas, clearly, excessive implementation of order instrument is against the health protocol itself.

Of course, there are many other dilemmas faced by the government during the pandemic. But probably the four showcased above give us some understanding of the nature of how the government dealt with them and how finally they were reconciled.

Notwithstanding, the most significant turning points that finally assured the government to announce readiness to transition from pandemic to endemic are probably the vaccination, the success in dealing with the third wave (Omicron), and economic recovery. Although, some would add the result of government's serology survey, too. As the complete dose of vaccination was nearing 80 percent by end of first quarter 2022, the government and the public now have had more assurance in facing the pandemic. More public have understood that although vaccination does not completely protect them from being infected, it does help reduce severity and casualty when infected. The accomplishment in curbing Omicron variant that made up the third wave in the beginning of 2022 was believed to be owing to the successful vaccination.

Therefore, after the Statistics Indonesia announced in March 2022 that the annual economic growth of 2021 indicated a sign of recovery at 3.69 percent (compared to minus 2.07 percent in 2020) in addition to the improvement of overall macroeconomic indicators, it boosts the overall

⁴⁷ <https://www.bbc.com/indonesia/indonesia-55321183>

⁴⁸ <https://www.pikiran-rakyat.com/nasional/pr-01740259/63-calon-kepala-daerah-positif-covid-19-kpu-sebut-penyebaran-berasal-dari-aktivitas-kampanye>

⁴⁹ <https://laporcovid19.org/post/kekuasaan-dan-militer-dalam-merespon-pandemi-bukti-dari-lapangan>

confidence of the government in its ability to fight and control the pandemic. Indonesia was even applauded by international communities as one of the most successful countries in curbing the pandemic. Development organizations such as multilateral development banks praised government's adaptive policy as the key in responding to the pandemic and recovering the economy. Further, the result of the government's serology test, also in March 2022, confirming that 9 out of 10 people already had antibody for Covid-19, uplifted this confidence –which was also corroborated by the fact that there was no other wave after the long Eid holiday.

While understanding of these dilemmas and turning points provide us with some insights of what drove, or drive, various policies in curbing the pandemic and recovering the economy (and whether they work or not), it is equally important to see the efficacy of those policies themselves when enacted. Further, it is also helpful to examine factors that help achieve or impede the implementation, coordination, and communication of those policies.

5. Policy efficacy

As the key dilemmas revolve around balancing health and economy, we also look into these two when trying to analyse, discuss, and reflect some policy efficacies.

5.1. On Health

By the end of the Delta wave, Indonesia was praised by WHO and World Bank for its success in curbing the pandemic.⁵⁰ During that period, the number of cases fell sharp from more than 55,000 per day during the peak of Delta infection to around 2,000 per day at the end of September 2021 with fatalities dropped from 2,000 to approximately 120 deaths per day. Indonesia's swift action to obtain, distribute, and administer Covid-19 vaccine was also among the best compared to other low- and middle-income countries⁵¹, significantly changing the trajectory of the pandemic.⁵² Until June 2022, 80 percent of targeted population have received their full dose of Covid-19 vaccine and 22 percent have been inoculated for their booster shot. It is indeed not a small feat.

In hindsight, the concerted effort to boost vaccination might stem from the likelihood that the government did not have much choice other than to use vaccine as its main, if not single, point policy. Rather than a continuation of a larger and comprehensive pandemic response, vaccination

⁵⁰ <https://en.tempo.co/read/1511549/indonesia-earns-praise-from-who-wb-for-curbing-Covid-19-cases>

⁵¹ <https://www.orfonline.org/expert-speak/rollout-of-the-Covid-19-vaccination-campaign-in-indonesia/>

⁵² <https://en.antaraneews.com/news/217893/role-of-vaccinations-after-two-years-of-pandemic-in-indonesia>

became the preeminent weapon to fight the pandemic as previous measures could not contain the spread of the virus. Instead of a well-thought policy, the ambitious vaccination program could be seen as a bet on the government's side⁵³ as a form of redemption of their many earlier failings of other parts of the national response such as the test and trace system.

The vaccination program was given a massive boost during the peak Delta wave, just as the numbers of cases and deaths started to rise. There was an apparent shift in the strings of vaccination strategies. The public saw a concerted effort to involve various major institutions to push vaccine procurement and bolster inoculation⁵⁴, including mobilizing the Police and National Army⁵⁵ –as described in the previous section. The vaccination campaign received massive boost, using various popular public figures to promote the safety and efficacy of Covid-19 vaccine⁵⁶. In rural areas, door prizes were a popular means to entice the public to find their local health facilities and get vaccinated⁵⁷. Moreover, as the public saw the inevitable rise of cases and deaths due to the Delta variant in July and August 2021, the interest in vaccination soared⁵⁸. The ultimate push for vaccination program was when the government decided to enforce vaccination mandate and restrict activities of those who are unvaccinated, especially in major cities⁵⁹.

However, vaccination alone was not adequate to curb the exponential infection and deaths, overwhelming health facilities in many parts of the country. An emergency restriction (*PPKM Darurat*) was finally imposed in July 2021, along with the more extensive health protocol campaign. The emergency restrictions, which included a ban on dine-in services at restaurants and mandated work from home for workers in nonessential sectors, were initially enacted across Java and Bali and set to end on 20 July 2021 to coincide with Eid-al-Adha (Day of Sacrifice) festive. The policy was later expanded to 15 regions outside the two islands that saw surges in new infections and met other criteria⁶⁰.

The dire situation of the Delta wave brought a realization within the government: that there should be a comprehensive approach in curbing the pandemic, that single-point policy would never suffice

⁵³ <https://carnegieendowment.org/2021/08/05/how-global-vaccine-divide-is-fueling-indonesia-s-coronavirus-catastrophe-pub-85107>

⁵⁴ <https://www.gavi.org/vaccineswork/how-indonesia-got-vaccinated>

⁵⁵ <https://koran.tempo.co/read/laporan-khusus/470613/polisi-dan-tni-genjot-vaksinasi-Covid-19>

⁵⁶ <https://www.medcom.id/nasional/peristiwa/Gbmoo9xK-vaksinasi-masif-diharapkan-kurangi-angka-kematian-akibat-covid-19>

⁵⁷ <https://edition.cnn.com/2021/06/17/asia/indonesia-town-chickens-vaccinated-intl-hnk-scli/index.html>

⁵⁸ <https://hot.liputan6.com/read/4646853/viral-cara-kreatif-warga-saat-antre-vaksinasi-covid-19-titip-sandal-hingga-mengular>

⁵⁹ <https://www.kompas.com/tren/read/2021/08/11/133000465/jadi-syarat-aktivitas-ini-cara-download-sertifikat-vaksin-via>

⁶⁰ <https://www.thejakartapost.com/news/2021/07/06/ppkm-darurat-necessary-for-sustainable-recovery-in-indonesia.html>

in protecting the lives and wellbeing of the people. This shift in pandemic-handling was later apparent during the Omicron wave, in which Indonesia opted for a more conservative approach in facing the new variant surge⁶¹.

5.2. On Economic Recovery

If vaccination is the gamechanger in pandemic response, then the countercyclical and flexible fiscal policy was, and is, the gamechanger in economic recovery. The flexible fiscal policy means that the government was given the ability and room to exceed the budget deficit cap of three percent in 2020-2022 although it had to observe that cap in 2023 onwards. Further, the government is also allowed to re-adjust and re-allocate budget items in the state budget (APBN) in order to mitigate the impact of the pandemic. The countercyclical policy includes tax reductions and increased government spending. What is expected from this policy is an anticipative and responsive budget to respond to the impact of the pandemic. Despite this all might start as policy experiment –which is common in time of crises— the government ultimately realized that its policies had indeed to be adaptable: while health policy was solely aimed at curbing the pandemic, other policies had to follow suit –even in recovering the economy. Because, like it or not, if there is no confidence in pandemic handling, the economy will not move let alone if there are not enough incentives.

Entering 2021, the government started to implement this policy. The countercyclical policies such as tax breaks for corporations, MSMEs, and individuals were extensively enacted. Evidently, it helped stimulate demand and production and resulted in multiplier effects that contributed to the economic recovery. Hence, although Indonesia experienced pandemic-induced recession since the mid of 2020, it managed to recover in 2021, partly thanks to this policy. For example, the free VAT for car purchase resulted in a significant increase of car sales in 2021 –as much as 66% growth between January-November 2021. MSMEs and informal sector also had benefited from various support programs particularly loan interest subsidy, productive assistance for MSMEs and street vendors, guarantee fee for MSMEs and corporations, exemption cost of administration and subscriptions, and placement funds for banking restructuring credit.

As flexible fiscal policy allows the government to reallocate budget between different programs, it helped ease the impact of the pandemic because it made the government able to react swiftly responding to the virus' impacts such as increasing social assistance during the case surge. Further, social assistance programs seemed to be able to safeguard the economy and livelihoods as they helped consumption –which is key in the economy. The assistance programs altogether have had benefited a large group of recipients: eligible families and households, students, Covid-19 patients,

⁶¹ <https://nasional.kompas.com/read/2022/02/14/17093801/negara-lain-sudah-tak-ada-pembatasan-luhut-kita-lebih-konservatif>

and particularly the poor and most affected –as detailed in the previous section and elsewhere in this chapter.

In hindsight, it is this adaptive policy that had played a key role. The ability of the government to adjust its policy –particularly budget reallocation and disbursement— to adapt with evolving needs and circumstances was important to mitigate impact of the pandemic and promote economic recovery. And now, as the pandemic transitions to endemic state, while the government should move towards budget consolidation or regularization, it should also keep the flexible approach to policy making. In particular, government’s ability to make policy adaptive and flexible reflects enhanced state capacity to deal with challenging and changing circumstances with significant impact on citizens.

6. Lessons for the Future

As the Covid-19 pandemic enters a new stage and the government gradually eases restrictions, it is important to reflect on the actual severity of the crisis and how the government responded to it. Although current situation has been relatively under control for the past few months, we understand that the pandemic was actually much more serious than generally believed –most likely due to the earlier failings in pandemic response.

Across this chapter we have highlighted some cases from Indonesia with a hope to offer few lessons for the future. First, self-serving interest should never cloud any judgments on overcoming a massive crisis, let alone a consequential one such as the global pandemic. It is understandable that governments operate within the realm of *realpolitik*. However, as governments are enacted to govern and serve the people, commitment towards the overall public wellbeing should be paramount. Every crisis poses a unique challenge of bridging the gap between public and political interests which can only be navigated through a solid leadership, the substantial quality in facing imminent looming crises such as climate change.

The second lesson is the importance of improve the state capacity for mitigating current, and anticipating future, crises. Government needs to build its capability in preparing a coherent, science- and evidence-based framework as a prerequisite to mitigate future pandemic whilst delivering development —which practically means the capacity to create sufficient regulatory framework, set up necessary institutional arrangement, ensure accountability mechanism, robustly implement planning, and mobilize resources needed. Such capacity and capability need to be built across governmental agencies, institutions, both at the central and subnational levels. Such is important because coordination is vital in implementing policy to curb the pandemic.

The state capacity also has an impact on the quality of citizen's relationships with their government. The capacity of the government to create and execute coordination mechanism across government agencies and institutions as well as with non-state actors (civil society, business, academia, among others) determine how efficient and effective the government can be in fighting the pandemic and saving citizens life. For that, overall state capacity of the government has to be improved and strengthened so that the government should not depend on the power and capability of just one or two members of the Cabinet.

And finally, as with many aspects of public policy, the government's choice of actions or inactions in addressing dilemmas during Covid-19 pandemic takes us to the ultimate lesson for the future, i.e. the paradox of preparation⁶²: how preventative measures can intuitively seem like a waste of time both before and after the fact, that the only way to get ahead of the exponential infection curve is to take actions that at the time seem like overreactions.

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⁶² <https://rega.kuleuven.be/if/pandemicpreparedness/pandemic-preparedness-goals-en>

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