

PERSPECTIVE

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Grave Failures in Policy and Communication in Indonesia during the COVID-19 Pandemic

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People walk in an almost empty shopping mall in Surabaya on 10 August 2021, as Indonesia implements a more restrictive form of lockdown. Picture: Juni Kriswanto, AFP.

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EXECUTIVE SUMMARY

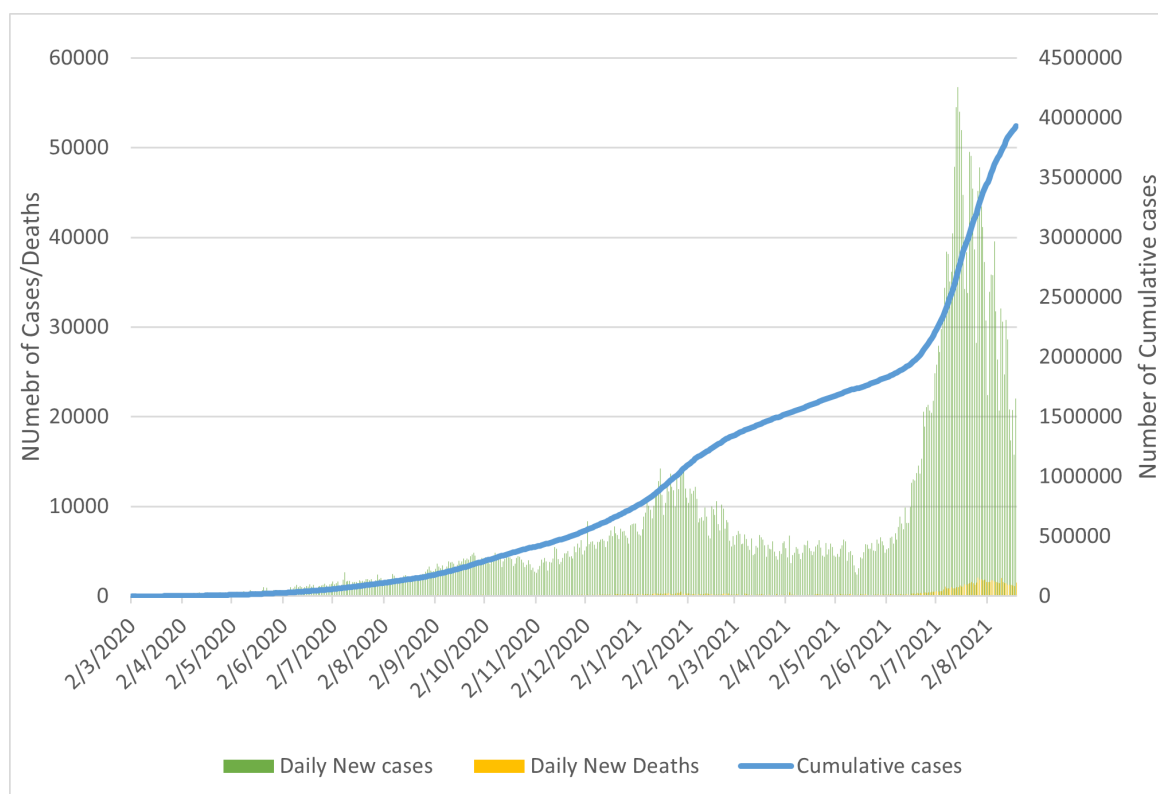
- More than a year into the COVID-19 pandemic, the Indonesian government's weak handling of the crisis has led to a catastrophic second wave.
- The magnitude of Indonesia's current crisis seems to have stemmed from the government's lack of political resolve to curb the pandemic and prioritise public health and safety over economic considerations, which in turn seems to be rooted in political and vested interests. This attitude was reflected in the government's persistent reluctance to declare lockdowns and its failure to enact the Health Quarantine Law, which would have obligated the government to assist the livelihoods of those affected by quarantine.
- The state's weak capacity to enforce and fund the required measures is probably a key factor underlying the government's highly inadequate pandemic response. While calling for social discipline in observing safety measures, the state has fallen severely short on testing, tracing, treatment and vaccinations. Public health facilities have been overwhelmed.
- The crisis has also been exacerbated by the lack of clear and consistent policy communication, which has hampered the public's ability to fully grasp the risks of contagion. The lack of accurate data has hindered effective decision-making. There is also poor coordination of policy implementation among agencies and between central and local authorities.
- Given the lack of transparency, and as infections and mortality numbers continue to rise, the government has a long way to go in winning back public trust in its ability to manage and eventually overcome the crisis.

INTRODUCTION

One day after the first COVID-19 case in Indonesia was reported on 2 March 2020, an official spokesperson was appointed. The government then established the COVID-19 Response Task Force (*Gugus Tugas*) on 13 March 2020. On 31 March 2020, it declared COVID-19 a public health emergency, imposed stringent social restrictions,¹ and issued several fiscal policies to contain the pandemic and mitigate its impact on the national economy.² On 20 July 2020, the government set up an inter-ministerial committee (known as *Komite Percepatan Penanganan COVID-19 dan PEN* or KPCPEN) to handle the pandemic and lead the recovery of the national economy.³ For this, the government allocated \$46.7 billion in 2020. Of this amount, only 80% was disbursed. In 2021, the figure increased 2.68% to \$47.9 billion.

Several measures were implemented to strike a balance between containing the pandemic while preserving the economy.⁴ However, the pandemic curve has never shown signs of ever flattening, forming one continuous wave instead, and in Q2 2021, the second wave hit even more severely (Figure 1).

Figure 1: COVID-19 Cases and Deaths in Indonesia up to 2 August 2021



Note: LHS=left-hand scale, RHS=right-hand scale

Source: Ministry of Health, KPC-PEN, covid19.go.id/peta-sebaran

Daily new confirmed cases and deaths continue to surge—reaching the highest rates in Southeast Asia.⁵ On 15 July 2021, total cases reached 2,726,803, with 70,192 deaths. The highest 56,757 new daily cases and 982 (highest so far was 2,069 recorded on 27 July 2021)

new daily deaths were recorded on that date. Even with these record numbers, the true scale of Indonesia's outbreak is likely much larger than the official numbers claim. This is due to severe under testing, as reflected in the positivity rate that has consistently remained above 20%.⁶ Hospitals and healthcare facilities collapsed. They ran out of beds and could not take in new patients.⁷ With nearly no oxygen support, critical patients were laid down in corridors or tents.⁸ Exhausted, medical workers, too, became casualties. Some groups collaboratively built shelters at community levels⁹ to help ease the burden of hospitals.

Under such dire circumstances, government policy seems nevertheless to keep sending mixed messages. Barely three months into the crisis, in June 2020, the government introduced the 'New Normal', i.e. lifting of the large-scale social restrictions.¹⁰ This policy was criticised as it gave the illusion that the first peak of the pandemic had been reached and the curve had been flattened. In reality, it had not; Indonesia remained in the 'first wave' until the second wave hit. And even now, the message from the government is not clear, in terms of taking drastic measures such as a lockdown.

In hindsight, the root of the problem is quite fundamental: what has been driving the government's COVID-19 policy has been political self-interest.¹¹ It has been this self-serving nature of Indonesian politics that has clouded the deliberation process and prevented hard decisions being made. In the case of the COVID-19 pandemic, arguably there has been no political will at all to implement the Health Quarantine Law (*UU No 6/2018 Kekarantinaan Kesehatan*) that would stipulate the government to impose a quarantine while ensuring the livelihood of people and livestock within the quarantined area. Instead, the government has chosen to create various euphemisms for public activity restrictions to avoid using the word 'quarantine' or 'lockdown', which many suspect are attempts to avoid the obligation to provide necessary social support.^{12,13} Not only does this avoidance hinder optimum pandemic response,¹⁴ it is also one of the main reasons for low public compliance,^{15,16} and creates dissonance between the government's obligations to the people and the public's responsibility, especially when particular laws are only being used to punish those deemed violating public activity restrictions.¹⁷

There has been no clear vision and division of labour in the pandemic response from the central government right down to the sub-national and across ministries and state agencies. This explains the inconsistencies in the policies, which have resulted in mixed messages to the public. These mixed messages have, in turn, had serious political implications, bringing to question the effectiveness and competency of the government in managing the crisis and undermining public trust, creating a vicious cycle which has further hampered efforts to control the pandemic.¹⁸

COGNITIVE DISSONANCE, SELF INTEREST AND POLICY OPTIONS

The first and foremost problem with the Indonesian pandemic response was that the government downplayed the seriousness and potential risk of the coronavirus as it started to travel across borders. The false and at times also cavalier narratives continued even after Indonesia declared its first three COVID-19 cases,^{19,20} sending mixed messages regarding the danger of the virus. In a press conference on 18 March 2020, the then-government spokesperson for COVID-19 response, Achmad Yurianto, implied that Indonesia was reluctant to perform COVID-19 tests as suggested by the WHO. This indicated that, as

Indonesia was clearly in continuous communication with the WHO, the downplaying of the risk was not the result of lack of information or knowledge. Instead, the policies and statements made by the government showed a degree of cognitive dissonance and a denial of the looming health crisis.^{21,22} Officials were regularly dismissing the seriousness of the issue^{23,24} and ignoring the recommendations of health experts.^{25,26}

The government's reluctance to perform mass testing at the beginning of the pandemic generated unreliable data which created a false sense of security, since the government itself perceived COVID-19 as something that did not affect a large number of people.²⁷ This resulted in a vicious cycle of its own: inaccurate data were being used as the basis of health policies, and these policies did not work because the fundamentals were incorrect. Yet, the government did very little to ramp up tests to improve data accuracy, raising the cognitive dissonance even further. This, arguably, continues until today.

At the same time, it was clear that COVID-19 was having grave effects on the global economy,^{28,29} including Indonesia. The travel sector—one of the economy's most important drivers—faced a sudden blow with steep decline of incoming tourists since the start of 2020,³⁰ just several days after the WHO published its first acknowledgement of the disease outbreak on 5 January 2020³¹ and even before Indonesia had declared its first case. And unlike the uncertainty around the COVID-19 public health data, the economic statistics were undeniable. It is within the context of this mental mindset that we observe the government having the tendency to prioritise economic recovery instead of seriously addressing the complicated challenges of public health management in a pandemic.

Consequently, policy and policy options would be poorly communicated. This is very unfortunate, because policy communication is important during the pandemic when people take in, process, and act on information differently than they would during normal times.³² It affects risk communication, which is essential in building risk perception among the public, and is an integral part of emergency response. It also allows authorities and experts to really understand and address people's concerns and needs so that they create and build trust. Failure to do so consequently undermines public trust towards authorities.³³ Yet the government's early communication missteps continued and remain a consistent feature of the government's risk communication to this day.

The following section provides a deeper examination of the deliberations and dynamics behind two key aspects of the government's Covid-19 policy response, namely the avoidance of a hard lockdown; and efforts to “guilt-trip” the public into complying with safety measures.

COMMUNICATING OPTIONS, BUILDING RISK PERCEPTIONS

Case #1: Anything but a Lockdown

In February 2020, while countries around the world reported a surge of cases and began imposing restrictions on mobility, closing international borders, or ordering outright lockdowns,³⁴ Indonesia seemed determined to keep doing business as usual despite the looming threat of an outbreak. The tourism and travel industries were given a stimulus to

offer discounts, social media influencers were paid to promote tourist destinations, and the country remained largely open to anyone.

Even as it acknowledged the first cases in early March 2020, the government continued to downplay the situation. But as cases rose exponentially, critics began calling for the government to quarantine regions that had registered a surge of cases, even to impose lockdowns. With the situation seemingly getting out of hand, President Widodo declared he was willing to take extraordinary measures to curb the pandemic, but short of a ‘lockdown’.³⁵

As the central government weighed its policy options and considered different legal bases and scenarios to mitigate the impacts of the pandemic and curb the spread of the disease, some regions, such as DKI Jakarta and Tegal Regency, sought to impose the so-called ‘Large-Scale Social Restriction’ (*Pembatasan Sosial Berskala Besar* or PSBB) policy, which was provided under the newly passed Government Regulation 21/2020. Although the policy granted local authorities the power to impose measures to restrict mobility – such as limiting operating hours or closing business activities, schools, houses of worship – they were still required to submit their proposal³⁶ for approval to the Ministry of Health.

In the meantime, the outbreak continued unabated. The Health Quarantine Law was not put in motion and the Health Minister’s reluctance in approving sub-national requests for PSBB reflected the overall vacillation of the central government in imposing more stringent measures, seemingly, for fear of halting the economy,³⁷ concerns of public unrest and security, and unwillingness to bear the statutory costs associated with declaring a national ‘state of emergency’. Such a declaration – imposed by decree in the form of a Government Regulation in Lieu of Law (PERPPU) – would actually have centralised the power with the President as the highest bearer of authority during the emergency, streamlined coordination across all levels of the government and allowed for a more coherent nationwide strategy to control the pandemic. Instead, the government opted for the lesser ‘health emergency’ declaration, which placed the main responsibility for public health measures with sub-national governments.

The consequences were immediate and dire. What epidemiologists refer to as the golden opportunity to suppress and eliminate the pandemic early and with force was wasted. There was no coordination in implementation between agencies and government levels. The all-important surveillance was inadequate and epidemiological data was suppressed as regions and politicians sought to project an image of strength. Tensions flared between regions and the many ad hoc institutions intentionally established to fight the pandemic. Although political factionalism is beyond the scope of this paper, that has clearly played a role in making an already messy situation even more ugly.³⁸

A year on, Indonesian officials still seem to struggle with the idea that restricting mobility, and its consistent enforcement, is the single most effective way to halt the pandemic³⁹. Amidst the second wave, there remain inconsistencies in policymaking, such as confusing messages around *mudik* during Eid holidays⁴⁰ and official schemes to *Work from Bali* or *Work from Jogja*.⁴¹

As the infection and death rate kept rising, the stance of ‘never a lockdown’ was once again the go-to decision as the President delivered his speech on 23 June 2021.⁴² It was evident that the President faced a dilemma,⁴³ as his preference had been to mitigate the economic impact by imposing a stricter implementation of the Public Activities Restriction (PPKM Darurat) to be effected from 3-20 July 2021, rather than a hard lockdown.

Case #2: Guilt Tripping the Public, Shifting the Blame

A key to combatting a raging pandemic is having a comprehensive government action plan and risk communication that allows people to understand the risks and adopt protective behaviours. Both the government and the public have their share of responsibility and must be equally committed to doing their part. While the latter must comply with health protocol to protect themselves and their family, which will protect their community and the public at large, the former is responsible for devising an effective strategy and system to curb the pandemic—based on accurate data.

No risk communication can be effectively built without accurate data. Unfortunately, even for something as unambiguous as death count, Indonesia lacks transparency. As of the last week of July 2021, there remain discrepancies between death numbers compiled by local and regional governments versus those from the central government, with at least 19,000 deaths unaccounted for in the national data⁴⁴. In fact, some local and regional governments downplay the definition of COVID-19 deaths set by the WHO in order to lower or underreport death counts.⁴⁵

The government has articulated the two aspects of its public health safety management approach with the acronym *3M and 3T*: *3M* is *memakai masker* (wearing a mask), *mencuci tangan* (washing hands), and *menjaga jarak* (social distancing); while *3T* is testing, tracing, and treatment.⁴⁶ There has been a heavy emphasis on the public’s responsibility to adhere to *3M*. To popularise the message, the government enlisted the help of musicians, artists and social media influencers to spread the message.⁴⁷ Advertorials have also been placed in news outlets, and many are paid to produce in-house stories for the campaign⁴⁸. In early 2021, the *3M* protocols were upgraded to *5M*, adding *menjauhi kerumunan* (staying away from crowds) and *membatasi mobilitas dan interaksi* (limiting mobility and interaction)⁴⁹.

However, while the *5M* campaign has been extensive, there has been very little from the government in terms of their own *3T* responsibility, aside from daily announcements of official statistics.⁵⁰ The government has the legal obligation to inform the public on the methods and procedures of testing, tracing, and isolation. Yet, government communication on the *3T* aspect has been lacking (Farizi and Harmawan, 2020). This poor communication has led to problems in the field, with communities becoming suspicious of contact tracers, and health workers being stigmatised, even violently attacked.^{51,52,53} On this matter, the Ministry of Health downplayed the issue, saying that *3T* efforts are not within the public domain.⁵⁴ A government advisor even described *3T* as an individual’s responsibility to notify their surroundings if they are infected, asserting that this was the main problem with the lack of testing and tracing.⁵⁵ This reflects both fundamental lack of state capacity and fundamental complacency and desire to prioritise economic livelihoods instead of lives.

The Indonesian government has been struggling to meet WHO's target of 40,000 tests per day. These testing numbers stagnated throughout the first half of 2021, even after the Ministry of Health approved in February 2021 the use of antigen tests as part of epidemiological surveillance under WHO guidelines.⁵⁶ One of the lowest test numbers was recorded on 30 April 2021, showing merely 26,939 PCR, 246 rapid molecular, and 24,479 antigen tests.⁵⁷ A significant rise only happened after the implementation of *PPKM Darurat*, with the highest record dated 22 July 2021, of 104,352 PCR and 124,350 antigen tests. A WHO and Ministry of Health survey showed that most cases were discovered through contact tracing, conducted mostly manually without a proper documentation system.⁵⁸ 95 per cent of primary healthcare facilities were only able to trace less than 20 contacts per case, and half of those could only manage less than 5 contacts traced for every positive case,⁵⁹ way below WHO's benchmark of 30.

In light of Indonesia's lack of testing, tracing and surveillance capacity, the government seems to be shifting the blame to the public. In a blatant display of irony and guilt-tripping, during the year-end holiday season as people travelled with barely any restrictions, the spokesperson of the COVID-19 Task Force said that people who were not complying with health protocols were digging their own graves,⁶⁰ which drew harsh public criticism.

Although vaccination has begun in earnest, testing, tracing, and treatment will continue to be key in combating COVID-19 (Kucharski et al., 2020; Peng et al., 2020; Salathe et al., 2020) until enough people are vaccinated to slow its spread, which may take another year at best. Thus, experts call on the government to ramp up its 3T capacity and communicate the process transparently and effectively to the public^{61 62} because, quoting WHO Director-General, "...you cannot fight a fire blindfolded. And we cannot stop this pandemic if we don't know who is infected".⁶³

CONCLUSION

No country can escape from this pandemic. But what makes the 'fate' of each of them different is perhaps their capacity to address it and save lives. Proper pandemic response is a direct outcome of high state capacity as well as clear and unambiguous policy communication. Yet, such can only be built and achieved when the policy options are clear – as an outcome of strong political will. Nevertheless, while such 'logic' may be insufficient or inadequate to really explain the response process, it may help us understand its complexity, particularly in the case of Indonesia.

The apparent inability of the Indonesian government to really curb the pandemic is not just a direct result of low and weak state capacity or poor policy communication. Beneath it, there is, very likely, a more fundamental problem: the lack of political will to go 'all out' in fighting the pandemic in the first place, due to the self-serving interest nature of the politics, and cognitive dissonance in understanding the real magnitude of the pandemic.

While the enactment of the Health Quarantine Law could have helped curb the pandemic at the early stage and perhaps avoided the social-economic and even political costs, it did not happen because there was no political will to do so. Politics in Indonesia today is strongly characterized by self-serving interests, paralyzing decision making, and rendering politicians unable to take a strong stance concerning the needs of the many in the long-term.

Instead, they become shortsighted and merely focus on short-term political and economic gains. The government seems to have failed in understanding the paradox they themselves created in handling the pandemic: their reluctance to declare a health emergency and to enact health quarantines is the exact cause of the current socio-economic costs they have to bear.

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¹ Government Regulation No. 21/2020 .

² 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).

³ Presidential Regulation No. 82/2020 on the Committee for Handling COVID-19 and PEN.

⁴ From large-scale social restrictions, mask wearing and hygiene campaigns, reallocation of the state budget for pandemic response, to distribution of social assistance.

⁵ <https://worldometers.info/coronavirus>

⁶ Indonesia is ranked 83rd out of 86 countries surveyed for overall tests per capita and 97th out of 100 countries for overall safety. Source: [https://www.reuters.com/article/us-health-coronavirus-indonesia-insight/indonesia-insight-endless-first-wave-how-indonesia-failed-to-control-coronavirus-](https://www.reuters.com/article/us-health-coronavirus-indonesia-insight/indonesia-insight/indonesia-insight-endless-first-wave-how-indonesia-failed-to-control-coronavirus-)

- idUSKCN25G02J. For comparison, India and The Philippines are testing four times more per capita, while the US tests 30 times more.
<https://www.cnnindonesia.com/nasional/20210102161718-20-588745/kembali-rekor-positivity-rate-2-januari-capai-295-persen>. According to WHO, figures above 5 percent show that an outbreak is not under control.
- ⁷ See <https://megapolitan.kompas.com/read/2021/06/21/17582471/ketika-rs-rujukan-COVID-19-di-jabodetabek-kolaps-dan-banyak-pasien?page=all>
 - ⁸ See <https://www.kompas.id/baca/metro/2021/06/22/rumah-sakit-penuh-tenda-darurat-didirikan-di-depan-rsud-kota-bekasi>
 - ⁹ <https://kumparan.com/tugujogja/uad-bangun-shelter-untuk-pasien-COVID-19-di-bantul-1v8PO2QmJAX>
 - ¹⁰ In the effort to save the economy, President Joko ‘Jokowi’ Widodo urged the people to ‘make peace’ with the virus by adopting new habits, such as wearing masks, washing hands, and maintaining physical distancing. See <https://nasional.kompas.com/read/2020/05/15/22185601/jokowi-kita-harus-hidup-berdampingan-dengan-COVID-19>
 - ¹¹ When explaining the 2020 sub-national Elections. See <https://www.iseas.edu.sg/articles-commentaries/iseas-perspective/iseas-perspective-2021-5-how-the-2020-pilkada-reflected-major-structural-flaws-in-indonesian-politics-by-yanuar-nugroho-yoes-c-kenawas-and-sofie-s-syarief/>
 - ¹² <https://www.theguardian.com/global-development/2021/jul/22/struggling-for-work-and-food-indonesias-poorest-suffer-as-covid-crisis-deepens>
 - ¹³ <https://www.cnbcindonesia.com/news/20210724085837-4-263252/waspada-ri-ekonomi-tahun-ini-diramal-terseok-seok>
 - ¹⁴ <https://www.thejakartapost.com/academia/2021/07/22/cost-of-easing-lockdowns.html>
 - ¹⁵ <https://nasional.kompas.com/read/2021/07/19/18325421/pengamat-sebut-masyarakat-tak-patuhi-ppkm-karena-pemerintah-juga-tak-patuhi?page=all>
 - ¹⁶ <https://news.detik.com/berita/d-5646586/pemerintah-diminta-terapkan-uu-kekarantinaan-kesehatan-agar-ada-efek-jera>
 - ¹⁷ <https://nasional.tempo.co/read/1485316/apakah-uu-kekarantinaan-kesehatan-diterapkan-jika-ppkm-darurat-diperpanjang/full&view=ok>
 - ¹⁸ <https://www.economist.com/asia/2020/08/29/politics-is-spreading-COVID-19-in-indonesia-and-the-philippines>
 - ¹⁹ <https://news.detik.com/berita/d-4967416/ini-daftar-37-pernyataan-blunder-pemerintah-soal-corona-versi-lp3es>
 - ²⁰ Indonesian online news portal, Narasi, compiled all communication gaffes by the government which showed consistency in undermining the gravity of the pandemic.
<https://www.youtube.com/watch?v=3MSCDvbQye0>
 - ²¹ <https://nasional.tempo.co/read/1314620/terawan-sebut-kematian-karena-flu-lebih-tinggi-ketimbang-corona>
 - ²² <https://www.merdeka.com/peristiwa/sebelum-ada-pasien-positif-pemerintah-dinilai-remehkan-ancaman-virus-corona.html>
 - ²³ <https://www.cnnindonesia.com/nasional/20200211195637-20-473740/menkes-tantang-harvard-buktikan-virus-corona-di-indonesia>
 - ²⁴ <https://www.merdeka.com/uang/luhut-bantah-pemerintah-lamban-tangani-wabah-corona.html>
 - ²⁵ <https://www.tribunnews.com/nasional/2021/07/05/laporCOVID-19-pemerintah-tak-dengar-masukan-para-ahli-soal-potensi-lonjakan-COVID-19>
 - ²⁶ <https://www.abc.net.au/indonesian/2020-05-18/kebijakan-indonesia-terkait-corona-belum-miliki-bukti-sains/12242002>
 - ²⁷ <https://finance.detik.com/berita-ekonomi-bisnis/d-4977999/luhut-heran-angka-kematian-corona-tak-sampai-500-orang>

- ²⁸ <https://hbr.org/2020/03/what-coronavirus-could-mean-for-the-global-economy>
- ²⁹ <https://edition.cnn.com/2020/02/24/business/coronavirus-global-economy/index.html>
- ³⁰ <https://kemenparekraf.go.id/statistik-wisatawan-mancanegara/Statistik-Kunjungan-Wisatawan-Mancanegara-2020>
- ³¹ <https://www.who.int/emergencies/disease-outbreak-news/item/2020-DON229>
- ³² See (Covello et al., 2001; Glik, 2007).
- ³³ This also extends to key political elites and actors who can influence policymaking. Arguably, it is this failure to communicate the risks early and consistently that contributed to public views that the government had been slow and cumbersome in responding to the crisis (Nugroho and Negara, 2020).
- ³⁴ Such as in neighbouring Malaysia and Singapore, or in Hubei, China. See <https://www.kompas.com/tren/read/2020/03/22/183000465/update-berikut-15-negara-yang-berlakukan-lockdown-akibat-virus-corona?page=all>
- ³⁵ <https://www.cnbcindonesia.com/news/20200331151741-4-148793/tak-mau-lockdown-jokowi-kita-tak-bisa-tiru-negara-lain>
- ³⁶ The proposal must be accompanied with the requisite studies and data for justification.
- ³⁷ On March 31, when the PSBB Regulation was issued, President Widodo made it very clear that the national government was in control and that regions must not make big decisions “because the economy could stop.”
- ³⁸ See Max Lane’s analysis on this matter at https://www.iseas.edu.sg/wp-content/uploads/2020/03/ISEAS_Perspective_2020_46.pdf
- ³⁹ In January 2021, as the public health system was on the verge of collapse, in one of his public addresses, President Widodo even asked citizens to be grateful that Indonesia had been successful in controlling the pandemic and, unlike other less successful countries, did not have to resort to the dreaded lockdown <https://nasional.kompas.com/read/2021/01/08/15073801/jokowi-alhamdulillah-indonesia-tidak-sampai-lockdown>
- ⁴⁰ After the weak enforcement to restrict mobility during *Eid* holidays, huge spikes of cases could be seen all over Java, especially in areas where the travellers were from (mainly Jakarta and its suburbs) or headed to (West, Central, and East Java), where countless family gatherings, outings, and religious events that attracted crowds happened. See <https://en.tempo.co/read/1470785/COVID-19-cases-in-kudus-skyrocket-7-594-after-eid-holiday-53-4-national>
- ⁴¹ These are government schemes to get the civil service to work from Bali or from Yogyakarta, and aimed at helping to revive local economy. See <https://travel.kompas.com/read/2021/06/08/123930227/apa-itu-work-from-bali-ini-penjelasan-lengkapnnya?page=all>. Although currently the schemes are being postponed, the preparation for the programme is still ongoing. See <https://www.youtube.com/watch?v=7VYvoE1SUBQ>
- ⁴² A tally of the government’s refusal for lockdown can be found here <https://bisnis.tempo.co/read/1476528/penolakan-jokowi-soal-lockdown-dari-awal-pandemi-hingga-gelombang-baru-COVID-19/full&view=ok>
- ⁴³ <https://fulcrum.sg/to-lockdown-or-not-indonesias-dilemma-in-handling-the-COVID-19-second-wave/>
- ⁴⁴ <https://laporcovid19.org/post/lebih-dari-19-000-kematian-belum-tercatat>
- ⁴⁵ <https://www.cnnindonesia.com/nasional/20210723110456-20-671205/idi-jatim-soal-data-nol-kematian-COVID-19-coba-lihat-kuburan>
- ⁴⁶ <https://nasional.kompas.com/read/2020/11/14/16351771/tak-hanya-3m-upaya-3t-juga-penting-untuk-putus-penularan-COVID-19>
- ⁴⁷ In October 2020, the government launched the ‘*Ingat Pesan Ibu*’ (Remember Mother’s Advice) campaign with Padi, one of the biggest rock bands in the country, who composed a song about a mother reminding her family to obey 3M protocols. See

- <https://www.cnbcindonesia.com/news/20201001175054-8-191002/ingat-pesan-ibu-jadi-senjata-baru-satgas-COVID-19>
- ⁴⁸ Case in point *KompasTV*. One author, Sofie Syarief, as an executive producer and news anchor of the station, experienced first-hand the various advertorial orders.
- ⁴⁹ <https://kesehatan.kontan.co.id/news/mengenal-5m-untuk-pencegahan-COVID-19-dan-bedanya-dengan-3m>
- ⁵⁰ Although no number can be quantitatively measured at this point regarding the proportion of 3M vs 3T campaign, the writers took the liberty of concluding thus by observing advertisements and ad-libs placed in KompasTV by governmental bodies.
- ⁵¹ <https://nasional.kompas.com/read/2020/07/18/19014101/pemerintah-sebut-135-tenaga-medis-diuisir-karena-stigma-negatif>
- ⁵² <https://regional.kompas.com/read/2021/07/06/125539478/video-viral-warga-di-jeneponto-usir-nakes-yang-akan-lakukan-pelacakan>
- ⁵³ <https://www.cnnindonesia.com/nasional/20200807072600-20-533086/kisah-tim-medis-covid-solo-dicaci-warga-dan-dikejar-anjing>
- ⁵⁴ See the statement of the Director for Primary Healthcare of the Ministry of Health <https://www.youtube.com/watch?v=vYyydWwnwLc>
- ⁵⁵ <https://covid19.go.id/p/berita/3m-dan-3t-untuk-putus-penularan-COVID-19>
- ⁵⁶ <https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20210210/2036953/rapid-diagnostic-test-antigen-resmi-digunakan-untuk-penyelidikan-epidemiologi/>
- ⁵⁷ <https://laporcovid19.org/post/tes-COVID-19-indonesia-minim-dan-rentan-dikorupsi>
- ⁵⁸ <https://tirto.id/7-bulan-COVID-19-di-indonesia-who-tes-pcr-rendah-kematian-tinggi-f5vZ>
- ⁵⁹ <https://www.youtube.com/watch?v=vYyydWwnwLc&t=2252s>
- ⁶⁰ <https://www.kompas.tv/article/133104/tren-COVID-19-memburuk-wiku-adisasmito-masyarakat-seperti-menggali-kuburnya-sendiri>
- ⁶¹ <https://tirto.id/masyarakat-harus-lakukan-3m-untuk-tekan-kasus-COVID-19-kata-dokter-f5xv>
- ⁶² <https://nasional.kompas.com/read/2020/12/10/13154541/angka-kematian-COVID-19-tinggi-epidemiolog-pr-pemerintah-tingkatkan-testing?page=all>
- ⁶³ <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-COVID-19---16-march-2020>

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