The Indonesian Government's Response to COVID-19 in a Scientific and Adaptive Perspective

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Abstract

This study describes the Indonesian government's policy options in dealing with COVID-19. To explain research policy options using a scientific and adaptive approach in making policies for handling COVID-19. The Indonesian government's response to the handling of COVID-19 is considered slow due to the policy choices taken. In three years, the handling of COVID-19 has faced different policy choices and policy focuses. This study uses a qualitative approach to review government policies through a narrative policy framework analysis by selecting policies at the macro level to find out the government's steps in handling COVID-19. The findings of this study indicate that the approach used by the Government of Indonesia in handling COVID-19 tends to be adaptive. The adaptive policy is seen from the policy goals that are quite a lot that causes the handling of COVID-19 to be slow. This approach option is different from the scientific approach, which tends to have consistent goals and chooses to look at the conditions of the crisis that occurred. The use of this adaptive approach ignores the political process, which is slow and hinders the policymaking process.

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INTRODUCTION

Transmission of COVID-19 requires the government to increase attention and take strategic steps in controlling and supervising health (Harapan et al., 2020). The government is expected to be able to provide appropriate solutions for handling public health (Wajdi et al., 2020). In addition to the need to get public support in increasing the availability of health services (Fitriani et al., 2023), and working together (Setiati & Azwar, 2020) in handling COVID-19. In handling COVID-19, strategic policies are needed following the conditions of the COVID-19 crisis, one of which is by strengthening government organizational institutions (Djalante, Lassa, et al., 2020; Djalante, Nurhidayah, et al., 2020).

Several countries’ strategic policies in dealing with COVID-19 were taken using different approaches. The United States, in dealing with COVID-19, took action to speed up the preparation process in the health system by managing public responses (Loungani et al., 2020). Besides that, it also detected transmission, which led to an increase in new cases that impacted health workers’ readiness (Chen et al., 2020). Bressan et al. (2020) revealed that the government, in responding to COVID-19, must identify the gaps and readiness the government has. The social restriction policy alone has not been able to suppress the spread of the epidemic, and this policy is considered an uncertain policy because it changes over an indefinite period (Galvin et al., 2020).

Loungani et al. (2020) revealed that handling COVID-19 requires adaptation steps, and this is based on the high potential for transmission of COVID-19. Wilkinson (2020) assesses that the Large-Scale Social Restrictions (PSBB) policy is right in crisis conditions. Wilkinson (2020) also mentions it as an adaptation. So according to Cheng et al. (2020), this policy assists the government’s steps in carrying out testing, tracing and treatment as an effort to encourage the handling of COVID-19 and management of COVID-19 information (Irawan et al., 2022; Loilatu et al., 2021; Machmud et al., 2021). The government can propose other policy options to create new but short-term habits (Putri & Anulus, 2020), while the spread of COVID-19 results in rapid and comprehensive changes in people’s lives and the spread of COVID-19 results in the rapid and comprehensive changes in people’s lives (Zaharah et al., 2020).

Adaptation to emergency conditions requires the proper steps. Countries affected by COVID-19 have evaluated policies to avoid transmission and new cases that are rising simultaneously. Popular policies were implemented, such as closing public facilities, working from home, stopping public transportation operations, and taking lockdown measures (Patrikar et al., 2020). In Kenya and India, the policies implemented were to limit hospital visits during the pandemic (Aluga, 2020). India also implemented another policy, namely a three-week lockdown policy, as a measure to anticipate new cases (Lamba, 2020). Mitigation of COVID-19, when viewed in terms of handling, has quite a lot in common with other epidemic viruses, such as the Mers outbreak that occurred in Saudi Arabia (Algaissi et al., 2020), diabetes in Australia (Andrikopoulos & Johnson, 2020), and surveillance of outbreaks in China through medication traditional (Xiao & Torok, 2020).

Alcaide-Muñoz et al. (2017) view policy as a political process, but the government needs to put forward a systematic approach to dealing with crisis conditions (Schweber, 2014). The goal is that the implementation of policies can be sustainable. Furthermore, the scientific approach brings a structured scientific paradigm in policy making by slightly ignoring the political process (Van Assche et al., 2017). Similarly, Fitriatun (2019)
reveals that a scientific approach is a rational approach to predicting, monitoring, and mitigation (Le Lièvre 2019).

In health, this approach encourages collective efforts to deal with crisis conditions (Nicogossian, 2010). A scientific approach is an approach that integrates science and crisis conditions (Ruiu, 2020) so that the government can take preventive policies (Kettle et al., 2014), such as lockdown, treatment, tracing and quarantine (Peng et al., 2020). A scientific approach is an approach that excludes political aspects and considers emergency conditions (Bryce et al., 2020). This approach communicates the risk of a pandemic quickly. However, this policy is often slowed down by political intervention.

Meanwhile, the adaptive approach is used to deal with complex situations in the field by involving many policymakers (Janssen & van der Voort, 2016). Huitema et al. (2009) view the adaptive approach as a step to overcome uncertainty caused by complexity, leading to a policy concept with an adaptive and practical approach (Wyborn, 2015). Adaptive approach studies provide a basis for describing this concept in policymaking by involving actors, policy networks, and organizations (Chaffin et al., 2014; Kusuma & Akbar, 2021), as well as providing a role for community organizations to be involved (Qodir et al., 2022). According to Hasselman (2017), the adaptive approach combines management approaches through democratic institutions and aspects of governance policies. This approach makes policies longer, and the selected policy options change depending on policy actors.

In handling COVID-19, the Indonesian government did not adopt a total lockdown policy like other countries but adopted a Large-Scale Social Restrictions (PSBB) policy (Akbar et al., 2022; Calvin, 2020). These policy choices create conflicts in handling COVID-19 in Indonesia. Differences in policy choices between the central and regional governments lead to different interpretations of the selected policies (Ansori, 2020), so handling COVID-19 is faced with political problems.

In this research, we adopted a scientific and adaptive approach to analyze government policies in handling COVID-19. The government faces several challenges, such as accelerating the COVID-19 vaccine (Nugraha et al., 2021). On the other hand, the government pays attention to the characteristics of the community to produce policies that meet their needs (Roziqin et al., 2021). Still, at the same time, it is also faced with the impact arising from policies that impact other aspects such as the economy (Pati, 2020), the tourism sector (Atmojo & Fridayani, 2021) or education, which is considered a COVID-19 cluster (Rulandari, 2020).

The government needs to choose policies that are right on target so that they can overcome critical situations. The right policies are based on the selected approach. Hong & Lee (2018) there are two policy approaches under certain conditions, scientific and adaptive. According to Fitriatun (2019), the scientific approach is a definite policy with one goal, prioritizing a scientific approach in policy making, and there is no political process in the bureaucracy. Meanwhile, the adaptive approach has many purposes, ignoring scientific approaches, political processes in the government bureaucracy, and more policy actors.

Based on the explanation above, this study analyzes the government’s response to handling COVID-19 and whether the policy choices lead to a scientific or adaptive approach. This research further examines the appropriate approach of the two options offered by the policies chosen by the Government of Indonesia. This research is fundamental to providing an in-depth understanding and contributing to policy studies.
RESEARCH METHODS
This study uses a systematic analysis of the Narrative Policy Framework (NPF) (Shanahan et al., 2018), which aims to look at issues of policy, regulation, relations, bureaucracy, communication, and the timing of policymaking. Many studies have looked at the model of policymakers in this aspect. The level of NPF analysis in this study looks at policies at the macro level (Shanahan et al., 2018). Policies decided by the centre have an impact on the micro level. This approach is also interpreted as a collaborative policy analysis in the view of Lybecker et al. (2016). The COVID-19 policy is seen collaboratively at the macro, meso, and micro levels. Alternatively, as an approach that looks at policy in terms of structure (Jones & McBeth, 2010), so that the level of analysis used in this study aims to explain the policy in a hierarchy.

To answer research objectives, we use official government reports on handling COVID-19 sourced from the Task Force for the Acceleration of Handling COVID-19, the Indonesian Ministry of Health, the Cabinet Secretary, and Online Media. The research looks at the policy approach taken by the government in handling COVID-19. It provides recommendations for the approach that the government should take by looking at the policies taken by the government. The function of data in qualitative research is to describe findings descriptively based on the resulting findings.

The next step of this research is to confirm the findings and results of the analysis through the NPF by outlining the contents of government policies. Government policy choices in the form of laws and regulations are seen from the policy level, using official government report data to help outline policy analysis and policy choices from a scientific or adaptive perspective. So the function of the data in this study is vital to confirm the approach used at the policy level.

RESULTS AND DISCUSSION
Government Policy in Handling COVID-19
This finding highlights the policies of the Indonesian government, and the aim is to understand what approach is dominant in handling COVID-19 but to describe a simple analysis, the description in this research first explores government policies. The COVID-19 policy in Indonesia was taken through Presidential Decree (Kepres) No.11/2020 Determination of the COVID-19 Public Health Emergency; after the establishment of the emergency status, the government issued a follow-up policy to address the growth in COVID-19 cases. At the beginning of March 2020, the first case in Indonesia was found; initially, the response seemed not serious. Still, the Indonesian government formed a task force to accelerate the handling of COVID-19 through presidential decree No.7/2020 and amended by Presidential Decree No.9/2020. This change is related to the team’s status to expedite the handling of COVID-19 as an effort to make a recovery in other aspects, namely health and the economy.

To create health and economic resilience, the government, through Presidential Instruction (Inpres) No.4/2020 concerning Budget refocusing, the instruction aims to follow up on efforts to accelerate the ongoing handling of COVID-19. On the other hand, to integrate policies for handling COVID-19 and economic recovery, the government issued Government Regulation (PP) No.82/2020 concerning the Committee for Handling COVID-19; the policy is taken through one institution, this regulation divides several functions based on the policy committee; the task force for handling COVID-19 and the task force for economic recovery. The government’s efforts to accommodate health care through regulation No. 52/2020 concerning the construction of observation and shelters for handling COVID-19.
The discovery of the COVID-19 vaccine has encouraged the government to create herd immunity for its people through vaccination steps immediately. For the vaccination policy in Indonesia to work, Presidential Regulation No.99/2020 was issued concerning the Procurement of Vaccinations and Implementation of Vaccinations. Implementing the vaccination program has encountered obstacles due to a lack of understanding of the importance of vaccination. The achievements of the COVID-19 vaccination in Indonesia in three stages cannot be said to be running optimally, and the government is vaccinating in stages by giving the first, second and buster doses with the aim of reducing the transmission rate of COVID-19 and creating public immunity against the risk of the COVID-19 virus in the future. However, with low vaccination achievements, the government has encouraged the government to increase vaccination targets through policies derived from other ministry posts. The aim is to support ministries, including Ministry of Transportation regulations which impose mandatory vaccines for people travelling outside the city.

In the initial response, the government chose an adaptive policy by following the World Health Organization (WHO) (WHO, 2020). But through its release, WHO also assesses the performance of the Indonesian government with a low capacity level and must increase capacity by taking the right policies. Under these conditions, Indonesia has a low health capacity and slow response (Kandel et al., 2020). In the view of Janssen & van der Voort (2016), adaptive choices are taken because of the many government policies. In line with that, when viewed from the derivative policies produced by the government through ministry posts, the initial policies were adaptive. Even though at the end of 2020, there had been 120 deaths with 15,148 cases, the government’s policy choices were only preventive measures such as social restrictions and others. According to (Khan et al., 2021) policy options like this are taken by countries with low capacity and have limited policy options in mitigating cases.

**Policy Dilemma Between Economic Recovery and Health Management**

Science evidence is an approach that examines every government policy by looking at facts and suitable options as policies that apply a scientific approach. But governments have been slow enough to embrace this approach in unravelling the COVID-19 problem. This assumption is based on the government’s neglectful response to new cases of COVID-19. The policy choice between handling COVID-19 and recovering from COVID-19 are two very appropriate things. Still, this policy choice is risky because it does not pay attention to the country’s capacity in dealing with COVID-19. Establishing a task force for handling COVID-19 shows that the government is taking adaptive steps in responding to crisis conditions but slightly ignoring the increase in daily cases of COVID-19.

Policies taken through several regulations illustrate that the Indonesian government has a pretty good plan to deal with COVID-19. Still, the continuing increase in COVID-19 cases shows that something is missing in the COVID-19 policy in Indonesia. COVID-19 is faced with problems; First, the application of policies that are not optimal; Second, public understanding of COVID-19, which causes non-compliance; Third, the cross-institutional policy for COVID-19 between different ministries is a problem, so regulations change.

As previously mentioned, on the health aspect, Indonesia is considered a country with low health capacity with testing, tracing, and treatment capabilities that are not maximized, so the actual status of COVID-19 in Indonesia is not the same as
other countries with high testing capabilities. Testing results as an initial step in mapping areas with the increased spread of COVID-19 and determining high-risk areas. This mapping can be done after two years of COVID-19 in Indonesia, meaning that Indonesia’s ability to create a good mitigation process in dealing with COVID-19 is relatively slow.

Indonesia’s testing and tracing capabilities until 2021 are still 21.2% (ANTARA, 2021). Indonesia is still under other countries in handling COVID-19 (Johnson et al., 2020), while in March 2020, COVID-19 case 19 reached 1.6 million patients, with new cases going 5,336 instances daily (ANTARA, 2021). According to Schweber (2014), the government must have a systematic policy. That way, there are policy options to be taken if conditions may change at any time; the government’s handling of COVID-19 tends to choose policy options in other aspects but does not place health care as a top priority by Fitriatun (2019) referred to as a policy that has clear goals.

**Indonesian Health Policy**

The findings in this study identify the policies of the Government of Indonesia; by identifying these policies, we describe several sub-policies that have become a concern for the Indonesian government during COVID-19. The main problem in policymaking is reading issues and defining COVID-19. The definition of COVID-19 by the Indonesian government tends to use a political approach, and the government takes this method by assessing Indonesia’s geographical character. Should this approach be ignored in terms of health, Hudson et al. (2019) refer to it as overly optimistic expectations. Overly optimistic the Indonesian government is shown by the government’s statement regarding the potential for COVID-19 to enter Indonesia. In addition, the political cycle causes policy uncertainty; the definition of policy issues affects the policy options taken by the government. UGM report UGM (2020) shows that bad policies are caused by poor government coordination in policy making, not using policy channels and scientific evidence approaches, also referred to as uncertain policy political cycles.

The central government’s COVID-19 policies often change, and inappropriate policy choices are influenced by unhealthy political processes within the government. These findings identify problems in making health policies, starting with the determination of the status of COVID-19, lockdown policies, crises in the need for health equipment, testing capabilities, health worker allowances, and other non-health policies that have a direct impact on efforts to deal with COVID-19. While the public rejected the government’s vaccination program in its discourse because it was initially stated that it was paid, it resulted in people’s reluctance to participate in the program. The ability to adapt quickly in the low-health sector has caused daily cases of COVID-19 in Indonesia to increase in three years. In 2020 the daily number of COVID-19 reached 8,369. In 2021, daily cases of COVID-19 reached 56,757, while in 2022, the highest everyday issues reached 64,718.

Capano et al. (2020) explained that countries such as Italy, China, Singapore, Canada, Hong Kong and Turkey responded to COVID-19 by paying attention to one aspect. This was based on the experiences of these countries in dealing with similar conditions. Indonesia takes a different policy when compared to other countries affected by COVID-19. The government’s ability to vaccinate, test or health equipment capabilities are meagre (Arifin & Anas, 2021), so this finding underscores that the policy does not pay attention to the condition that happened in 2004 through an outbreak of bird flu.

Furthermore, the inaccurate definition of health policy issues is a factor
in COVID-19 which has increased. This article underlines that the Ministry of Health does not have complete control over the COVID-19 policy. This can be seen from the structure of the COVID-19 task force, presidential decrees No.7/2020 and No.9/2020 concerning the task force for the acceleration of handling COVID-19, which places the minister of health as a member and executor of policy not as the primary policy maker. So policies are often decided by other ministries that look at other aspects, the second factor is the government’s cross-sectoral policies, and the third factor is the policy hierarchy that limits Indonesia’s health policy.

**Government Health Capacity and Crisis Management**

The state failed to explore its ability to deal with COVID-19 due to limited capacity. In developed countries, capacity is not the main problem but compliance with COVID-19 policies is often an inhibiting factor. Still, in contrast, in developing countries, compliance is not the main problem; government policies are the main problem. Government policies that do not pay attention to budget capacity, health, health workers, and medical devices are problematic. According to Sandström et al. (2020), the government can utilize its resources to solve problems, but it must be based on a logical policy design; in the case of COVID-19, the policy choices taken contradict each other and change, this change should become the experience of the government to evaluate policies so that they can be accepted in all lines of public service providers.

According to Leong & Howlett (2021), there must be an analysis of the risks arising from the policies taken; in the view of Hong & Lee (2018), the policy approach under certain conditions, the scientific approach is more responsive to risks because it pays attention to the main objectives (Fitriatun 2019). Van Empel et al. (2020) explained that the COVID-19 crisis in Indonesia was faced with a lack of health equipment that could provide good service to avoid the overcapacity of each hospital. Van Empel et al. (2020) also assess that this causes the distribution of policies to be unequal or disproportionate policies (Maor et al., 2020).

Strong policies do not match health capacity, and the ability for low crisis management, or conversely, low health capacity and poor crisis management produce weak policies. Both affect the resulting policies due to the government’s absence of good early detection (Boin et al., 2021). On the other hand, the complexity of government organizations in dealing with COVID-19 is influenced by policymakers also being ignorant of important policies so that the number of daily cases increases. Policy options such as the PSBB “open and close” are a form of omission in handling COVID-19.

Countries should choose a scientific approach to evaluate their implemented policies (Dussauge-Laguna, 2012; Kim et al., 2020; Kuhlmann et al., 2022; Leong & Howlett, 2021; Sahu, 2021). Inappropriate policy choices show the government’s low ability to provide sufficient resources during COVID-19 and create a wave of new cases, thus affecting the adaptive level of the government and society. Low capacity and changing policies show that scientific evidence is not the primary approach to reducing the number of COVID-19 in Indonesia. This study underlines that internal factors encourage people to follow government policies so that they have little effect on lowering daily cases, even though the government’s policy choices are not based on a thoroughly scientific approach.

Finally, we consider this finding to be in agreement with the views of Alcaide–Muñoz et al. (2017) as a political process, which is rational in the policy process (Van Assche et al., 2017) but ignores the scientific evidence (Fitriatun 2019). Nonetheless, the results of the policies taken are preventive, which can describe
daily cases of COVID-19 and maintain Indonesia’s economic conditions (Kettler et al., 2014), and government policies in the three years of COVID-19 use an adaptive approach, as the view (Janssen & van der Voort, 2016) is a policy process that involves policymakers.

**CONCLUSION**

Based on the description above, this study concludes that an adaptive approach is chosen for handling COVID-19 in Indonesia. This policy option creates a hierarchical conflict caused by different understandings of the handling of COVID-19 in Indonesia. Government regulations that set targets for economic recovery to be more dominant than the handling of COVID-19. Therefore it has an impact on the ability of the health system. Indonesia does not have enough health equipment but chooses an adaptive policy option. These policy options create various subsidiary policies through laws and other subsidiary regulations. This policy has had the effect of reducing the growth rate of COVID-19 even over a long period because the government is more concerned about the impact on the economic aspects caused by paying attention to the health aspect.

The scientific approach is not the direct approach to handling COVID-19. This is shown by the COVID-19 wave that occurred in the three years of COVID-19 in Indonesia, the country’s unpreparedness in dealing with COVID-19 due to the dominant policy approach on multiple goals. As a result, the primary purpose of reducing the number of COVID-19 and making herd immunity slow. Ultimately, the function of the two options for this scientific and adaptive approach can be carried out and run well if the government chooses the goals for handling COVID-19.

**DAFTAR PUSTAKA**


