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Policy Response to COVID-19 in Indonesia:
the case of mobility restrictions policy for the period of January 2020 – May 2021

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List of Acronyms

AI	Avian Influenza
BNPB	Badan Nasional Penanggulangan Bencana (the National Board for Disaster Management)
BPBD	Badan Penanggulangan Bencana Daerah (Regional Disaster Management Agencies)
CDC	Centers for Disease Control and Prevention
CISDI	Center for Indonesia's Strategic Development Initiatives
CMEA	Coordinating Ministry for Economic Affairs
COVID	Corona Virus Disease
CSO	Civil Society Organization
GoI	Government of Indonesia
H5N1	Highly Pathogenic Avian Influenza Virus
KPCPEN	Komite Penanganan COVID-19 dan Pemulihan Ekonomi Nasional (the Committee for the COVID-19 Response and National Economic Recovery
MERS	Middle East Respiratory Syndrome
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
NAPHS	National Action Plan for Health Security
NPI	Non-Pharmaceutical Interventions
PCR	Polymerase Chain Reaction
POLRI	Kepolisian Negara Republik Indonesia (the Indonesian National Police)
PPKM	Pemberlakuan Pembatasan Kegiatan Masyarakat (the Implementation of Public Activity Restrictions)
PSBB	Pembatasan Sosial Berskala Besar (Large Scale Social Restriction)
RP	Research Paper
RPJMN	Rencana Pembangunan Jangka Menengah Nasional (the Medium-Term National Development Plan)
SARS	Severe Acute Syndrome
TNI	Tentara Nasional Indonesia (the Indonesian National Armed Force)
WHO	World Health Organization

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Abstract

In the absence of a comprehensive plan for preventing the rapid spread of COVID-19 from January to the beginning of March 2020, the Government of Indonesia stuttered in the face of uncertainty, and the complexity of the outbreaks that transformed into the global pandemic. This research explores the central government's attempts to understand the wicked problem of the COVID-19 pandemic between January 2020 and May 2021, along with interest differentiation, power dynamic, politics, and data fragmentation that influenced the ability to develop comprehensive policies and resource mobilization. Drawing from the literature on governance and wicked problem in public policy, this RP visualize the initial responses of the central government, the pandemic governance, and its key actors, PSBB and PPKM developed to tackle the problem by limiting the movement of people in several activities. The research method used in this study is the qualitative method and single case study approach in which qualitative interviews were conducted combined with various data and information from online newspaper articles, policy documents, and the official government website. This study argues that a lack of institutional infrastructure and the preferred stance of the central government on saving the economy over public health in the early phase of the pandemic added to the degree of complexity of the problem. Consequently, the central bureaucracy and regional leaders encountered difficulty developing comprehensive policy and swiftly mobilizing the resources. Centralizing authority indeed helps to bring chaotic situations under control. However, under certain conditions, it can also cause a slow pace of policy response which exposes people and vulnerable groups to imminent threats.

Relevance to Development Studies

This study provides contributions to understanding the policy development that takes place in disaster governance arrangements and a more nuanced analysis of wicked problems in the context of the COVID-19 pandemic. It is evident that pre-established disaster management at the central government of Indonesia has evolved as the COVID-19 pandemic impacted wider areas and many have been disproportionally affected by the virus. Under evolving governance arrangements, uncertainty, and complexity that have been prevalent during a crisis, the central government of Indonesia struggled to comprehend the problem in a comprehensive manner, let alone develop effective policy responses under time constraints in the early period of the pandemic. This study also highlights the significant role of strong institutional infrastructure in helping the government to notice, interpret, and respond to the crisis preventing it from becoming super wicked problems that might create setbacks for development.

Keywords

Wicked problem, policy response, coordination, COVID-19, pandemic governance, mobility restrictions, politics, power.

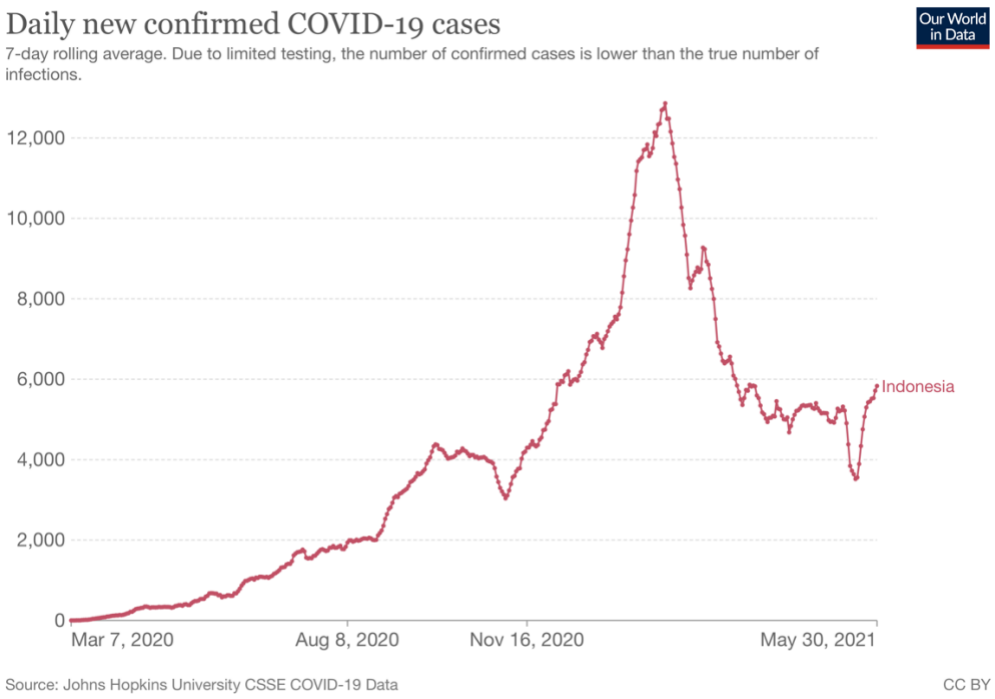
Chapter 1 – Introduction

No one can predict that the pandemic would come sooner than expected after SARS and MERS appeared several years ago. On 31 December 2019, the world was shocked by pneumonia cases found in Wuhan, China. Around two weeks later, COVID-19 manifested itself in Thailand. The world started to get alarmed. By the end of January 2020, the total confirmed cases reached 7.818 worldwide (WHO, 2020). It is obvious that the virus is highly contagious and spreads easily from person to person. The virus breeds fear in the thick of uncertainty.

At that time, it was still unclear whether the virus was able to spread through airborne particles, the extent of the effect of the virus on the human body, and how the patient contracted the virus was best treated. In a bid to contain the virus, on January 23, 2020, the Chinese government imposed a lockdown where 56 million people were affected (AP News, 2021). Many have questioned whether the lockdown was necessary considering the huge cost and doubts about its effectiveness.

While leaders around the world were searching for the answer, unfortunately, the virus was spreading quickly (see Figure 1.1). WHO as an international health body that was expected to give guidance to other countries, had limited knowledge and information to offer. On the other hand, government worldwide was challenged to take immediate measures to prevent person-to-person transmission and millions of people from getting infected. Mobility restrictions in any form that would limit people from interacting with each other and reduce the risk of exposure to COVID-19 should be considered, along with the calculation of resources needed and capacity to carry out the measures.

Figure 1.1 Confirmed COVID-19 Cases Between March 2020 and May 2021



Some countries managed to take preventive measures, such as South Korea, Hongkong, and Taiwan (An and Tang, 2020), but some were not, including Indonesia. Those three

countries in East Asia improved testing capacity and imposed stringent policies in the first 30 days of the outbreak resulting in a lower fatality rate and success in virus containment compared with western countries (ibid). While in Indonesia, preventive and detection measures were not taken despite having regulations to improve national capacity and resilience in managing non-natural disasters due to epidemics or global pandemics such as COVID-19. Between January and February 2020, the government focused its attention on the repatriation of Indonesian citizens who live in Wuhan. The government also received criticism from the public due to its tendency to downplay the real situation.

Only when the first two cases of COVID-19 were detected in Indonesia in March 2020, the government started to take measures as suggested by WHO, such as improving testing, contact tracing, health capacity, and implementing public health measures called NPI. CDC (2022) defines NPI as actions that people and the community can take to limit the spread of infectious diseases. This includes social distancing, travel restrictions, working from home, limiting the size of gatherings, and closing the school and universities.

Following the declaration of COVID-19 as a public health emergency, as the infection continues to rise, in April 2020, the government implemented PSBB with the MoH as the leading sector (Atika and Oktavianti, 2020). Only several big cities with a rising number of positive confirmed cases of COVID-19 located in DKI Jakarta, West Java, South Sulawesi, and West Sumatra have implemented PSBB (Mashabi, 2020). Yet, PSBB did not deliver the expected lower positive cases due to uncoordinated and contradictory policies between the central and local governments (Kurniawan, 2020).

In January 2021, to anticipate the spread of the Omicron COVID-19 variant that was more contagious, the President of the Republic of Indonesia declared the implementation of PPKM with stricter measures. The President assigned the Coordinating Ministry for Economic Affairs to lead the implementation of PPKM (Putri, 2021). It was stipulated under the Instruction of Minister of Home Affairs Number 1 of 2021 and was implemented in Java and Bali Island due to the larger size population compared with other provinces, and high mobility, thus a higher possibility of increasing positive cases of COVID-19.

From the beginning of the pandemic (January 2020) until the end of the first wave, which was May 2021, the COVID-19 pandemic governance tends to follow top-down approaches in which integrated coordination and control over the measures were intended to transform 'the chaos' situation back to 'normal' (Hilhorst and Mena, 2021, p.177). During the pandemic, many regulations and policies were made and revised by the central government in a short time as deemed necessary to quickly handle the COVID-19 pandemic. They also allocated more resources, developed and scale up interventions to address the problems.

COVID-19 policy response took place in a very dynamic situation exposing the government to stuttering and causing public confusion. For instance, on 3 April 2020, the government decided to allow people to return to their hometowns to celebrate the major religious holidays (known as mudik) despite advising people not to do it (The JakartaPost, 2020). But, on 21 April 2020, the government declared travel restrictions and prohibited people to travel to those areas severely affected by the virus (Sekretariat Kabinet, 2020). The government argued that the decision to ban mudik was made after reviewing the survey conducted by the Ministry of Transportation which highlighted that 24 percent of respondents had plans to travel home and 7 percent of respondents had already on their way to go back to their hometowns. However, the decision was too late since many people have returned to their hometowns. Also, transportation business owners experienced great losses due to ticket cancellations (Kompas, 2020).

Different from the day-to-day situation under normal conditions, COVID-19 must be considered a wicked problem (Klasche, 2021). In this light, the policymakers are challenged

to assess the situation quickly, determine which policy areas need attention the most during the crisis, allocate limited resources when all aspects of people's lives are affected, and how manage the pressures caused by the pandemic, in short, medium, and long-term national development plans.

During the crisis, it should be noted that governance capacity cannot suddenly be enlarged or expanded without unintended consequences (Capano et al., 2020). Considering that most governments are still dealing with many uncertainties in the ongoing pandemic, which left a short time with limited resources to see the crisis from the 'helicopter view', it is crucial to conduct a study that is beneficial for policymakers for future improvement in governing the pandemic. Moreover, Head (2022) argues that the study on policy governance strategies that are used by state actors is low.

Adding to that, until today, only a few works of literature on GoI's policy response to tackle the COVID-19 pandemic analyzed under the lens of public policy and mostly focus on the early months of the pandemic (January until October 2020) namely (Djalante et al., 2020), (Fitriani, 2021), (Ayuningtyas et al., 2021) and (Roziqin et al., 2021). They highlight similar arguments: the Indonesian government had a slow response and was not fully ready to deal with the pandemic. Among those four studies, only Ayuningtyas, D. *et al* (2021) investigate the political influence within the rapidly changing policy-making process where COVID-19 responses were shaped and developed by various actors amid the highly uncertain and complex condition.

Of existing Indonesia's policy response to the COVID-19 pandemic studies, despite their useful findings, only a few have focused on mobility restrictions policies such as PSBB and PPKM (see Haryono & Harsari, 2022; Muhyidin & Nugroho, 2021), where these policies are needed to generate collective behavior that significantly contributes to slow the spread of the virus (Boin et al., 2021). To the best of the author's knowledge, there is still no available study that particularly investigates GoI's policy response between January 2020 and the end of the first wave of the COVID-19 pandemic which was May 2021, the most problematic period in managing the crisis, given the continuous trade-off since the beginning of the pandemic (Boin et al., 2021). With due respect to the aforementioned studies, this RP is interested in understanding the policy governance of COVID-19 in Indonesia particularly for the period January 2020 – May 2021. To do so, this RP used the wicked problem framework to investigate the GoI'a ability to comprehend and address the complexity of COVID-19, the political influence within the policy-making process, and how it comes in contact with the initial response to the pandemic and the mobility restrictions' governance under PSBB and PPKM scheme. Above all, I argue that the GoI has learned the hard way to manage the crisis over the first 17 months of the COVID-19 pandemic.

1.1 Research Objectives and Questions

The main objective of this study is to examine the policymaker's ability to comprehend the complexity of the problem, what aspects were considered in developing and modifying the mobility restrictions policy, and the various actors and their competing values and interest that influenced the policymaking process which later contributes to the level of the wickedness of the policy problem. Unearthing wicked problems of mobility restrictions policy within the COVID-19 pandemic context for the period of January 2020 – May 2021 leads to learning, evaluation, and rethinking what should be done differently when another outbreak comes, thus gaining adaptive management skills crucial for policymakers and their institutions. It also contributes to the literature on governance and the wicked problems in public policy, such as COVID-19.

Therefore, this study aims to answer the main research question: How did the Government of Indonesia develop, coordinate, and modify policy within the mobility restrictions context in tackling the complexity of COVID-19 in the first 17 months of the pandemic?

Sub questions

1. How was the initial response in the early period of the COVID-19 pandemic by the state actors and why did they choose to do so?
2. Who were the actors that play significant roles in the COVID-19 pandemic governance?
3. How was the mobility restrictions policy developed and changed as a set of solutions to address the crisis caused by the COVID-19 pandemic for the period January 2020 – May 2021?

1.2 Organization of the Research Paper

This research paper is divided into six chapters. We begin with the introduction and follow with Chapter 2, which will discuss the literature review of normal and crisis governance and the three dimensions of disaster governance. Furthermore, it also demonstrates a theoretical framework drawn from the wicked problem in public policy, which pointed out two principal dimensions in developing the analysis: the problem itself and stakeholders and institutions. Chapter 3 will discuss the methodology and data used in this research. In addition, Chapter 4 presents the finding that answers the first and two sub-questions, particularly on the initial response and the leading actor and key stakeholders in the COVID-19 pandemic. Meanwhile, Chapter 5 dives into the analysis of policy development, coordination, and change aimed to tackle the crisis through PSBB and PPKM during the first 17 months of the COVID-19 pandemic. Finally, the last chapter will conclude the findings and suggest further recommendations.

Chapter 2 - Crisis Governance and Managing the Wicked Problem

This chapter demonstrates a literature review of governance, the crisis that requires a different approach to governance, and the dynamic under high uncertainty and high pressures condition that shapes policy development and coordination. Further, this chapter also presents a theoretical framework further applied to develop analysis. The chapter will be divided into three sections: first, it provides the literature review, followed by the analytical theories of wicked problems in public policy that posits the ability to understand the nature of the problem, stakeholders, and institutions as the key to developing solutions and effective governance. Finally, it explains the operationalization of the wicked problem framework within the COVID-19 pandemic governance while examining other aspects that might influence the policy-making process.

2.1 Different Situations Require Different Governance Approach

The notion of governance has been debated by scholars, international development organizations, and activists. Rather than having one definition that is generally acceptable, a working definition might give some guides that reflect the current debate. In the 1990s, the notion of governance was built upon the assumption that people wanted less government presence; thus, it was possible to contract out public service delivery to the non-state actor (Hyden, 2011). While in the 2000s, the concept of governance leaned more toward the managerial approach that focused on how to get things done (ibid). Later in the 2010s, Bevir (2010) cited on (Hyden, 2011:16) pointed out that governance has become more political, followed by growing interest in democracy and inclusivity. Consequently, it pushed the state to interact with non-state actors in determining which issues should be addressed, given the impact of those issues on public welfare and security. Despite the never-ending debates on governance, I consider governance as a framework that enables government-citizen interaction to manage public affairs.

Further, Klasche (2021) added that all governance problems could be classified into three types based on the perception of problem definition and solution: simple, complex, and wicked. When the government deals with simple problems with a clear definition of what constitutes the issues, then the solution becomes obvious. In some cases, an identifiable problem cannot immediately lead to designing solutions because of the competing perspectives on what and how the interventions should be carried out; thus, it becomes complex. While for wicked problems, it has no clear definition of the issue or the solution. The COVID-19 pandemic is one of those wicked problems (Klasche and Head, 2022), given its inherent complexity and distinct characteristics from a simple problem, and has posed tremendous effects beyond public health.

Under normal conditions, governance capacity is measured by the ability to use existing mechanisms in regulation, state budget, information, and supporting infrastructure to develop, coordinate, and deliver policy or intervention to solve policy problems (Boin & Hart, 2012; Carter & May, 2020; Lodge & Wegrich, 2014, quoted in Boin et al., 2021, p.53). Yet, in the context of the COVID-19 pandemic, the existing governance is challenged to develop and modify policies swiftly and pushed the government to scale up its capacity to mobilize resources needed as quickly as possible, given the highly contagious virus that spread to the community (Boin et al., 2021).

On the other side, the state's response to the COVID-19 pandemic has become political (Olson, 2020, quoted in Hilhorst and Mena, 2021). From the perspective of disaster governance, the state began to respond by giving a political speech act' in which they declared an emergency that demanded unprecedented measures to manage the situation (Waever, 1993; Buzan, Waever, and de Wilde, 1998, quoted in Hilhorst and Mena, 2021). The declaration becomes the legal basis for the government to justify so-called 'objectively necessary measures' without having to propose or get approval from democratic bodies (Boin et al., 2021).

In governing the policy response to the COVID-19 pandemic, it is worth noting how the roles and responsibilities of relevant authorities are evolving to manage the crisis. At first, it is possible to assume that the management of COVID-19 falls under the authority of the MoH. But, as the virus continues to disrupt everyday life, the scope of impact becomes broader; thus, more institutions are being involved. To understand how actors respond to disaster and to investigate whether they exercise authority and carry out duties that conform with or are different from the mandate as stated in the regulation, there are three dimensions of disaster governance that can enable this analysis (Hilhorst, Boersma, and Raju, 2020). Understanding the evolving roles and responsibilities cannot be separated from the influence of 'politics of power and legitimacy' (ibid: 214).

1. Formal dimension: a framework that is designed to work that includes details of who did what and how it should be managed and coordinated between actors
2. Real governance: the formal governance arrangement has evolved in everyday practice, shaped by the power dynamics, political influence, competing interests, and other factors that affected the way formal governance performs - optimally or insufficiently. It also relates to 'informalities surrounding bribery, collusion, and political corruption' (ibid:215).
3. Invisible governance: a network of households and neighborhoods that plays a significant role in disaster response in which they mobilize resources and cope with the situation which took place outside the formal governance reach.

On the other hand, there is a growing concern that the government is trying to expand executive powers and use the crisis as justification (Boin et al., 2021). It is driven by the assumption that to improve the effectiveness of governance in the face of crisis, centralizing authority and extending executive power are possible (ibid). Under centralization, the government combines the carrots and sticks approach (giving incentives or disincentives) to make collaboration between state actors and non-state actors happen (ibid). However, in the name of quick-decision making and effective measures, it is also problematic when the government opted for putting aside privacy (releasing contact tracing apps for COVID-19 that no one knows about the utilization of private data once the pandemic ends) and make them accountable for governing the pandemic (as they argue there is no correct or false in responding to the crisis).

As the crisis unfolded and centralization continued, the governance faced two dilemmatic situations (Boin et al., 2021). First, the local government resisted centralization because the formulated measures have given disproportional effects at the local level as a result of limited power and authority to respond to the disaster. Second, as the main focus of policy response gradually shifted from public health to broader scope, competitiveness between actors in the executive branch became intensified as they wanted to put the economic and social policy in agenda setting (ibid).

Above all, the aforementioned dynamic has intensified complexity and uncertainty within policy development, coordination, and modification during the crisis. However, there is still a lack of discussion about how the government perceived the challenges of COVID-19 during the early period of the pandemic, why the policy framing only posit health and

economy as the main priorities, and how they tackle fragmented knowledge, conflict of interest or values, and power imbalance nested on existing pandemic governance. Thus, this RP intends to fill that gap by using the wicked policy problems theory to develop an analysis built upon the specific case of mobility restrictions policy during the first wave.

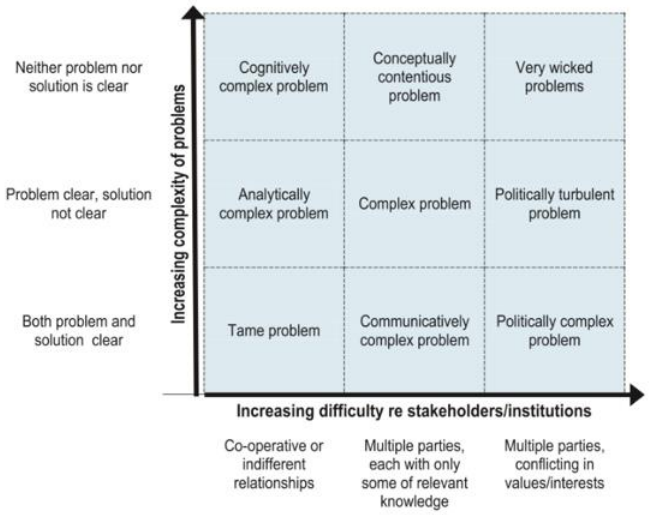
2.2 Theoretical Framework: Wicked Problems in Public Policy

The aforementioned classification of governance problems developed by Klasche (2021) builds on the independent work of Ronald Heifetz (1994), where problem situations, stakeholders, and proposed action responses are examined together. First, under the condition in which the nature of the problem and solution are both understood and agreed upon by stakeholders, the policy implementation and monitoring can be done by the manager and relevant expert. Second, when all relevant stakeholders are agreed on the nature of the problem but are still uncertain about which solutions should be picked, then more stakeholders and experts should be included to identify the most viable options while exploring another solution and allowing another improvement of existing responses. Third, when both the problem and solution are unclear and uncertain, then adaptive and flexible governance arrangements should be adopted. At the same time, clarifying uncertainties should become an ongoing process between stakeholders and experts to improve the effectiveness of responses.

On the other hand, Mark More (1995) cited on (Head, 2022), also developed approaches aimed at urging policy actors to consider the participatory process in developing policy improvement in concert with stakeholders and relevant authorities. First, policy actors should convince stakeholders that the proposed policy is valuable in terms of its effectiveness and efficiency and favors the public interest. Second, the proposed solutions should be seen as 'developed and authorized' by authorities and conform with government standards. Third, the solution should be practical and doable within the implementing agency's capacities and supported with enough resources.

Drawing on those two approaches and empirical literature, Head and Alford (2017) developed a framework that synthesizes two main aspects that determine the degree of wicked problems: the complexity of the issues and the actors involved (see figure 2.1).

Figure 2.1 Types of Complex Problems



Source: Alford & Head, 2017:402

The vertical dimensions depict the degree of nature of the problem. The more unclear the problem and solutions are, the higher the difficulty is and otherwise. Meanwhile, the horizontal dimensions denote actors and institutions involved in policymaking and contribute to the degree of wickedness. The more actors, institutions, and stakeholders involved, intensified with conflict of interest and fragmented knowledge, the more complex and challenging it is to design solutions and achieve desired goals.

Unfortunately, the matrix has two limitations: the ability to analyze causes that belong to broader categories and to identify "key causal linkages among entities or phenomena that are buried within broader ones" (Alford and Head, 2017, p.405). In this regard, a more detailed framework is developed (see Table 2.1).

Table 2.1 Deconstructing the dimensions of wicked problems

Basic dimension	Causal categories	More detailed dimensions	Scale of wickedness
Problem itself (vertical dimension)	Inherent complexity	Contradictions/dilemmas etc	Contradictions/dilemmas present = more wicked
		Remedies causing problems	Remedies causing problems = more wicked
	Clarity of problem	Hidden/disguised information Intangible phenomena	Problem unclear = more wicked
	Clarity of solution	Multiple variables Iterative discovery ('Ready, fire, aim!')	Solution unclear = more wicked
Stakeholders and institutions (horizontal dimension)	Knowledge	Institutional framing	Extensive reframing → ↑ level of attention = more wicked
		Knowledge fragmentation	High knowledge-fragmentation = more wicked
	Interests	Interest differentiation/conflict	High interest differentiation/conflict = more wicked
	Power	Stakeholder power-resources	High stakeholder power resources = more wicked
		Enablers/constraints	More substantial enablers/constraints = more wicked

Source: Alford & Head, 2017

This model posits two vital dimensions that contribute to the degree of wickedness. As Alford and Head (2017) asserted," the more these factors are present, the more problem can be described as 'wicked' (p.405). The first dimension represents two main focuses: inherent complexity and knowability (clarity of the problem and solutions). The second dimension encompasses stakeholders and institutional aspects that further elaborate on the concept of knowledge, interest, and power to understand better the degree of wickedness of specific problems (ibid). This framework allows us to deeper analyze the complex situation around the issue, identify possible causal linkages, and recognize which actors have the knowledge and power for collaborative governance to address the wicked problems.

Alford and Head (2017) examine that problem can be seen as 'wicked' if meeting several aspects as follow:

1. Structural complexity: inherent technical difficulty embedded in the problem
2. Knowability: both the nature of the problem and solutions are unknowable and relevant information is hidden; it contains multiple variables and/or forms interconnected issues; and/or requires action to identify causal linkages and possible output or outcomes.
3. Knowledge fragmentation: relevant stakeholders hold a varying degree of knowledge to solve the problem, thus fragmented.
4. Knowledge-framing: problem framing affects how decision-makers navigate which knowledge should be further explored or receives less attention, thus misleading the facts or our understanding.
5. Interest differentiation: multiple stakeholders have competing interests, ideologies, or values that continue to evolve during the policymaking process.

6. Power distribution: it should be noted that there is a power imbalance among stakeholders and relevant authorities where the most powerful and influential actors can repress the less powerful; consequently, it affects the dynamic within policy governance and might contribute to the degree of wickedness.

2.3 Analytical Framework

For some, it is easy to criticize the government's response to the COVID-19 pandemic in terms of unpreparedness and its stutters in handling the crisis. However, it is also good to understand the wicked problem situation within the pandemic context due to its inherent complexity. Therefore, I posit this RP as a learning trajectory where the study focused on policy response including mobility restriction intervention developed by the government over 17 months in the early period of the pandemic.

The analysis of this RP is divided into two levels of analysis: governance and wicked problem in public policy. First, inspired by Hilhorst, Boersma, and Raju's two dimensions of disaster governance (2020), formal governance and real governance, which more fit to answer the first and second sub-research questions in this RP regarding the initial response, actors, roles, and responsibility in pandemic governance; therefore, the analysis focus on four parts as follows.

1. **State actors' failure to recognize the high potential risk of COVID-19** followed by some explanations to better understand the situation; therefore, giving more contextualization that cannot be separated from the discussion of pandemic management.
2. **Key state-actor in the central government** that carry out the task in pandemic management, on what basis the President assigned those actors, and how the evolving roles and responsibilities played out under the COVID-19 crisis
3. **The involvement of the military in pandemic governance**; and
4. **The non-state actor's participation in pandemic management** and how they interact with state actors regarding the policy response to COVID-19.

Second, drawing from Head and Alford's wicked problem framework (2017), I present the empirical findings and develop the analysis into four different parts as follows.

1. **The existing conditions of the institutional infrastructure of health security.**
2. **The development of response** over 17 months (January 2020 to May 2021) to see how the changes came about, particularly within the mobility restriction policy context - PSBB and PPKM.
3. **Understanding the problem** within which institutional infrastructure, complexity in understanding the situation from the technical aspect, perceived challenges, and clarity of solutions influence each other.
4. **Comprehending the essential role of data, interest, and power** imbalance between the central government, local government, and non-state actors, which comes with varied interests, and all of these permeate the policy-making process.

In addition, given the COVID-19 pandemic governance 'was always deeply political' (Maor et al., 2020, quoted in Boin et al., 2021, p.58), I bring political aspects into a more nuanced analysis where it is relevant.

Chapter 3
Research Methodology and Data

3.1 Case Study Approach

This research employed a single-case-embedded design where mobility restriction policy as the original phenomenon interest and PSBB and PPKM as subunit analyses. Considering that the research will try to answer the 'how' question concerning the GoI ability to tackle the wicked problem within contemporary phenomenon – the COVID-19 pandemic, which many of us do not have control over; thus, the case studies are the preferred method (Yin, 2018). In addition, Yin (2014) also emphasized that when some phenomena are difficult to investigate and pose some barriers for the scholar, but other researchers have the chance to access the data and information instead; therefore, this justifies the application of a single-case study owing to its 'revelatory nature' (p.49).

Examining how the GoI perceives the challenges, interpreting available data and information concerning COVID-19, and analyzing and developing mobility restrictions policy to tackle the first wave is considered a revelatory case. Considering the GoI's top-down approach to governing the pandemic and limited access to policy actors, including what was happening in the policy-making process, I use my network as a health policy analyst in a government institution to gain access and relevant data and information concerning the policy governance within mobility restriction context.

I followed Yin (2018), who developed four strategies for developing analysis in the case study: relying on the theoretical propositions, the inductive strategy, generating case descriptions, and looking for plausible rival explanations. As mentioned in Chapter 2, this study applies wicked problems in the public policy framework to explain the phenomena under investigation. For the inductive strategy, it allows for this research to find any patterns that may appear from the observed data and information and help to explain the focus of this study further. Additionally, the case study description was developed to give an overview of this research leading to a deeper analysis of this work in the following chapter. Applying plausible rival explanation to the phenomenon under examination help this research collects data and information in a way that consider other influences that may explain how and why certain responses took during the first wave of the COVID-19 pandemic (ibid).

This study mainly deals with qualitative data from elite interviews while for interpreting the data, two basic dimensions of wicked problems (the problem itself and stakeholders and institution) are used to examine policy governance of mobility restriction during the first wave. To complement the construct validity and reliability (Yin, 2018), this work also analyze policy documents, regulations, press releases, and news about COVID-19 in Indonesia from mass media, the official government website, and international development partners.

3.2 Qualitative Interview

This research generated primary data from the online semi-structured interview that allowed me to get the description of the phenomenon under investigation concerning interpreting the meaning of the described case – managing wicked problems through mobility restriction during the first wave (Kvale and Brinkmann, 2009). The interview guide has been developed, which includes the outline of my RP topic and questions derived from the theoretical framework (ibid). Despite the predetermined questions, it still allowed me to follow up on the respondent's answers and open up new directions (ibid).

Interviews were conducted with individuals who had, directly and indirectly, contributed at various stages of COVID-19 policy development or who had been invited to participate in committees or events to give their input based on their expertise. Interview participants were selected through some documents review to clearly identify which committee or organization they belong to and through my own knowledge of the COVID-19 policy response. Participants would also recommend some individuals who had been closely involved in policy developments and then later I contacted them.

In the end, I conducted 9 semi-structured interviews with 7 policymakers, 1 international organization representative, and 1 CSO representative involved in the COVID-19 policy response. They were selected owing to their involvement as individuals in the policy process and not perceived as representative of specific groups or organizations. The average duration of interviews was one hour, ranging from 1 hour to over 1,5 hours. Before the interview, I sent them informed consent forms that explained the data collection procedures, potential risks and discomforts, confidentiality, and a statement of consent. The interviews were recorded (audio and video forms) and then processed with verbatim transcription.

3.3 Scope and Limitation

Although the COVID-19 pandemic is still happening, this research will only focus on a specific timeframe, from January 2020 until the end of the first wave of the pandemic – May 2021. In this light, there are no strict measures for determining when the beginning and endpoints of a wave (Office for National Statistics, 2021). Focusing on the specific timeframe and unit of analysis – the mobility restriction policy allows for holistic and meaningful analysis of real-life events such as the pandemic. Yet, I am aware that it would not capture the dynamic process in policymaking to respond to COVID-19 in the next pandemic waves. Thus, the findings and conclusion developed in this study will only be relevant for the time being.

Regarding the respondents for the interview to generate primary data for this research, I already contacted some policymakers at the central government and non-state actors to get more comprehensive data and information. In the end, I only managed to interview seven policymakers, and two people from non-state actors, and some did not respond to my interview request. Therefore, the analysis of non-state actors built on those two interview results coupled with some complementary data from various sources to develop a more comprehensive understanding.

3.4 Positionality and Ethical Consideration

My decision to study policy governance within the mobility restriction during the first wave context departs from my interest in investigating further government response to the crisis. As I have been involved in the policymaking process of pandemic responses since the very beginning, I realized such a position might pose a bias to this research. Therefore, I conducted this study adhering to the scientific research procedure and asked my peers and discussant, who know the logic of my RP to give reviews for further improvement.

Another challenge of this work would be my position as a health policy analyst in the Cabinet Secretariat of the Republic of Indonesia. I got the contact of my interviewees from my colleague whose also part of the central government. Thus, I need to introduce myself as a government officer and a researcher at the same time. While I am part of the system that develops the COVID-19 policy response, and the focus of my research is problematizing policy governance, it certainly affects the interview process. Some 'confidential' pieces of information were disclosed, and some questions were responded with unsatisfactory

answers. To protect the interviewee's identity owing to the political sensitivity of this topic, I apply standard ethical procedures by asking for their permission to cite their arguments and employing the respondent's anonymity.

Chapter 4 - Initial Response and Centralizing Authority by the State Actors

This chapter provides the analysis of the initial policy response to COVID-19 and the actors involved in pandemic governance. It does not intend to present a full list of responses, but it aims to capture major features of government-led interventions in addressing the problem posed by the virus in the early period of the pandemic. The chapter is divided into four sections. First, it problematizes the initial government response in the wake of the crisis. Second, it investigates the key actors within the executive branch assigned by the President to manage the pandemic coupled with additional power and authority. Third, it describes the extent of military involvement in pandemic governance. Fourth, it also analyzes the non-state actor's participation in pandemic management and how state actors have different perceptions about it.

4.1 Failing to recognize the crisis?

Since the first identified COVID-19 was found in Wuhan, China, the GoI has monitored the global situation while trying to observe, understand and determine what should be done during the early period. After China Government imposed the lockdown in Wuhan on January 23, 2020, followed by the WHO declaration of COVID-19 as a Public Health Emergency of International Concern, the GoI started to respond by conducting several inter-ministerial coordination meetings to discuss policy options which included repatriation of Indonesian Citizens who resided in Wuhan. The government did notice the growing public attention toward COVID-19 owing to the mass media who reported the terrible situation in Wuhan, including Indonesian Citizens who lived there.

> *"As we know people started to worry about the situation in Wuhan and the number of our citizen who lives there quite many, around 234 people if I am not mistaken, we successfully brought them back home exactly on February 15"* (Policymaker, 2022)

The extreme mobility restrictions or lockdown in Wuhan has triggered the debate about whether Indonesia should follow this step amidst the unclear effect on curbing the virus. The debate was intense until it became a trending topic on Twitter with the hashtag #Indonesia_LockdownPlease given the significant increase of new cases of COVID-19 (Wibawa, 2020). The lockdown issue also became part of the discussion among state actors while considering many aspects that might be affected.

> *"The analysis from the economic perspective is clear, even if people criticized us for not opting for lockdown as China did, it should be noted that lockdown would hurt the economy severely, and even the state budget is inadequate to fund all the expenses"* (Policymaker, 2022)

In January 2020, the government implemented disaster management as the framework to handle COVID-19, which puts the Head of BNPB as the leading sector. Under these conditions, the Head of BNPB had the authority to develop coordinated measures with other stakeholders. According to two different policymakers, the decision to use this framework was mainly driven by two aspects. First, disaster management is deemed effective in tackling the COVID-19 pandemic. Second, although COVID-19 is more relevant to health aspects and closely related to the MoH policy areas, however, some key policy actors perceived that MoH does not have the extended power and authority at the local level.

> *"We decided to administer disaster management to enable multistakeholder governance […] and it was deemed an effective and efficient approach"* (Policymaker, 2022)

*"We should know that, under a decentralized system, if the central government assigns the MoH as the leading sector [in pandemic governance], the local government will not follow its lead because it does not have representative offices at the local. Then what? We already have disaster management in place followed by a clear chain of command. That is why BNPB was assigned to lead the pandemic governance […] and there are also BPBD at the local level" (*Policymaker, 2022)

Later, in February 2020, as the government perceived that the tourism sector was hit hardest by the pandemic, therefore, they opted to give financial relief amidst the controversy. In detail, the incentive would be distributed to the airline and airport to reduce their operational fee, media relation, and social media influencer to promote tourism, thus, attracting more international and domestic tourists (Lidwina, 2020). CMEA further explained that financial relief would be given for the period of March until May 2020 and it could be extended for a longer time if necessary (Rahayu, 2020).

Despite all of the aforementioned responses, the bureaucracy struggling to keep up with the flooding information and make sense of it in the face of uncertainty, time constraint, inadequate resources, and capacity to manage the unprecedented crisis in the modern era. According to three different policymakers, the pandemic gives them no options but struggles to learn quickly how to improve national resilience within public health emergency settings, let alone manage trade-offs and find the balance of several interests.

"Actually, at the beginning of the pandemic, it was still confusing for me […] what should I do and which aspects [of the problem] I should work on" (Policymaker, 2022)

"To be honest, the reason why we stuttered in the early period of the pandemic was that we were not used to holding online meetings with Zoom [app]. We were not used to video conferences, let alone the local government apparatus. But once we learned how to use it, we are grateful that Zoom exists" (Policymaker, 2022)

"We learned that improving testing capacity is the key [in pandemic governance] but knowing that MoH has inadequate capacity, we were also assigned to help MoH to find the best PCR machines and reagents […] we also remember there was persistent lobby from Indonesia Golf Course Owners […] we know that golf is a prestigious hobby enjoyed by many high-profile people […] they said to us that golf is an outdoor activity. But we also know that local transmission is possible […] we made a bold decision that we would not let them open the golf venue" (Policymaker, 2022)

Reflecting on measures taken by the government between January and March 2020, it is evident that the principle 'the sooner, the better' was not applied to manage the emergency situation. It probably is because the virus was still not found between January – February 2020 and was deemed a minor threat, while the economic effect was already there owing to travel restrictions, border closures in several countries, and influenced demand on several industries. The effect can be seen in massive layoffs which would give a huge impact on economic growth (CNN Indonesia, 2020).

Apparently, for the period January to March 2020, some policy actors were not taking COVID-19 very seriously, particularly regarding the extent to which the virus can disrupt development. Rather than preparing mitigation and contingency plan to manage the risk in each development sector, each ministry was focused on how to achieve the annual development target as predetermined in RPJMN such as the number of tourists traveling to Indonesia and economic growth[1]. Thus, there was not enough powerful push – the sense of crisis, threat, or danger that could enable the system to respond in a timely fashion (Maor, 2018, quoted in Boin et al., 2021).

Here, I offer two explanations to comprehend why certain actions were taken by the government followed by some problematization. First, inadequate organizational capacity

[1] Interview Policymaker, 2022

and problem-framing led to weak responses. On February 19, 2020, the Head of International Cooperation – MoH conveyed through online mass media that people should not panic about COVID-19 thanks to their experience in tackling SARS in 2003 and H5N1 in 2006 supported by a strong health system and various experts (Violetta, 2020). However, if that experience is not shared among the key stakeholders and valuable lessons are not institutionalized, it is possible for the bureaucracy to feel confused and spend more time finding the pattern of the problem and developing solutions.[2] By the time they managed to acknowledge the pattern, the situation has escalated in which turning the public health emergency into a multifaceted crisis. Also, it is possible that the slow pace of policymaking, revising and updating the context of the problem, has contributed to the ineffectiveness of measures in tackling the pandemic.

On the other hand, it was not easy for the government to enlarge its capacity in a short period of time without any errors and hiccups. Not only did they have to deal with substantial issues in policymaking, but also with technical aspects during the coordination with stakeholders, implementation, and evaluation. It also becomes more challenging given the limited number of government employees with public health, epidemiology, or medical backgrounds, leading to a narrow understanding of how the pandemic can bring widespread damage. Failing to recognize which aspects or community groups were affected directly or indirectly by the virus, resulting in missing the momentum and jeopardizing people's lives in such a high-risk environment.

As the bureaucracy struggled with organizational capacity, unfortunately, some government elites continued to deflect public attention from a heightened issue emerging from the pandemic. From January to February 2020, former Minister of Health – Terawan Agus Putranto, Coordinating Minister of Economic Affairs; Coordinating Minister of Politic, Law, and Security; Minister of Transportation; and even Vice President denied that the virus already existed in Indonesia and disregarded the scientific research done by Harvard T.H.Chan School which argued that Indonesia government failed to detect the virus presence (Chairil, 2020). Instead of collaborating with reputable experts in epidemiology, the government elites continued to deny the scientific evidence required to comprehend the clarity of the problem.

Some government elites mentioned earlier, in fact, presented COVID-19 as something that did not have to be feared of, thus creating a little sense of crisis among the policy actor and public as well. On TV News, the former MoH – Terawan Agus Putranto even said that the virus was easy to handle, but the hoax concerning COVID-19 was the most difficult one to tackle (Rahma, 2020). Likewise, CMEA made a joke about COVID-19 by saying that the virus could not enter the country thanks to the complicated permit procedures in Indonesia (Chairil, 2020).

The policy actors who were supposed to communicate the ongoing risk and engage the public to follow health protocols (avoid crowded areas, wear masks, and wash hands), failed to create a sense of crisis. As a result, according to CISDI (2020), people were not hesitant to violate health protocols and it contributes to the spike in cases and health facilities' overcapacity. This troubling situation has reached the point where the President, via mass media, reminds (his cabinet) not to underestimate the ongoing situation.[3] In this case, rather than developing alternatives to solve high-potential complex problems, I think some government elites decided to exercise their persuasive power to deflect public attention from the real problem and came up with 'symbolic and weak policy responses' (McConnel, 2020,

[2] Interview Policymaker, 2022

[3] Interview Policymaker, 2022

quoted in Head, 2022, p.43) namely repatriation of Indonesian citizens and public health emergency declaration.

4.2 Disaster Governance: From National Task Force for COVID-19 Response to the Committee for the COVID-19 Response and National Economic Recovery

During the first three months of the early period of the pandemic, at least there were some changes concerning organizations handling COVID-19. First, according to Presidential Regulation Number 17 of 2018 – which belong to the derivative regulation of Law Number 24 of 2017, the Head of BNPB is allowed to declare the Special Emergency Disaster Situation and given the authority to gain additional access from relevant authorities and mobilize resources needed to address it; thus, the Decision of Head of BNPB Number 9A of 2020, was issued effective immediately from 28 January 2020 until 28 February 2020. In this regard, BNPB commanding to all BPBD in each province, regencies, and city across Indonesia to take necessary measures using the emergency fund account.

In response to WHO's declaration of COVID-19 as a pandemic on 11 March 2020, in the next two days, Presidential Decree Number 7 of 2020 concerning the Task Force for the Acceleration of Handling COVID-19 (known as Gugus Tugas Percepatan Penanganan COVID-19) is issued. The President mandated duties and responsibilities to fifteen ministries and/or government agencies to tackle issues related to COVID-19.

> *"We used Presidential Instruction Number 4 of 2019 as a guide to help us map key stakeholders in drafting the Presidential Decree [about the Task Force]"* (Policymaker, 2022)

Then, a week later, Presidential Decree Number 9 0f 2020 is also issued regarding the Task Force. More actors were added – in total 30 ministries and/or government agencies were involved. The governor was also included as part of the steering team, which was not in the previous regulation (Presidential Decree Number 7 of 2020). Furthermore, this regulation also gave space for non-state actors to involve in the Task Force.

The task force was established to coordinate and oversee the GoI's interventions to accelerate the handling of COVID-19. It consisted of two main units: the steering unit and the executive unit. The first one had two duties: (1) give a set of directions to the execution unit to accelerate COVID-19 management; and (2) conduct monitoring and evaluation of the COVID-19 handling. Moreover, according to Presidential Decree Number 7 of 2020, the executive unit had five duties as follows.

1. Determine and implement the operational plan to accelerate COVID-19 handling.
2. Coordinate and control the implementation of activities related to COVID-19 handling.
3. Monitor the intervention taken by members of the executive unit.
4. Mobilize resources needed to support the intervention.
5. Report the progress of COVID-19 handling to the President and the steering unit.

The shifting number of state actors and evolving roles in the Task Force between 13 March 2020 and 20 March 2020 are shown at the following Table 4.1. Not only the organizational structure became clearer, but the number of actors involved in both the steering unit and the executive unit also increased.

Table 4.1 State Actors and Their Roles in the Task Force for the Acceleration of Handling COVID-19

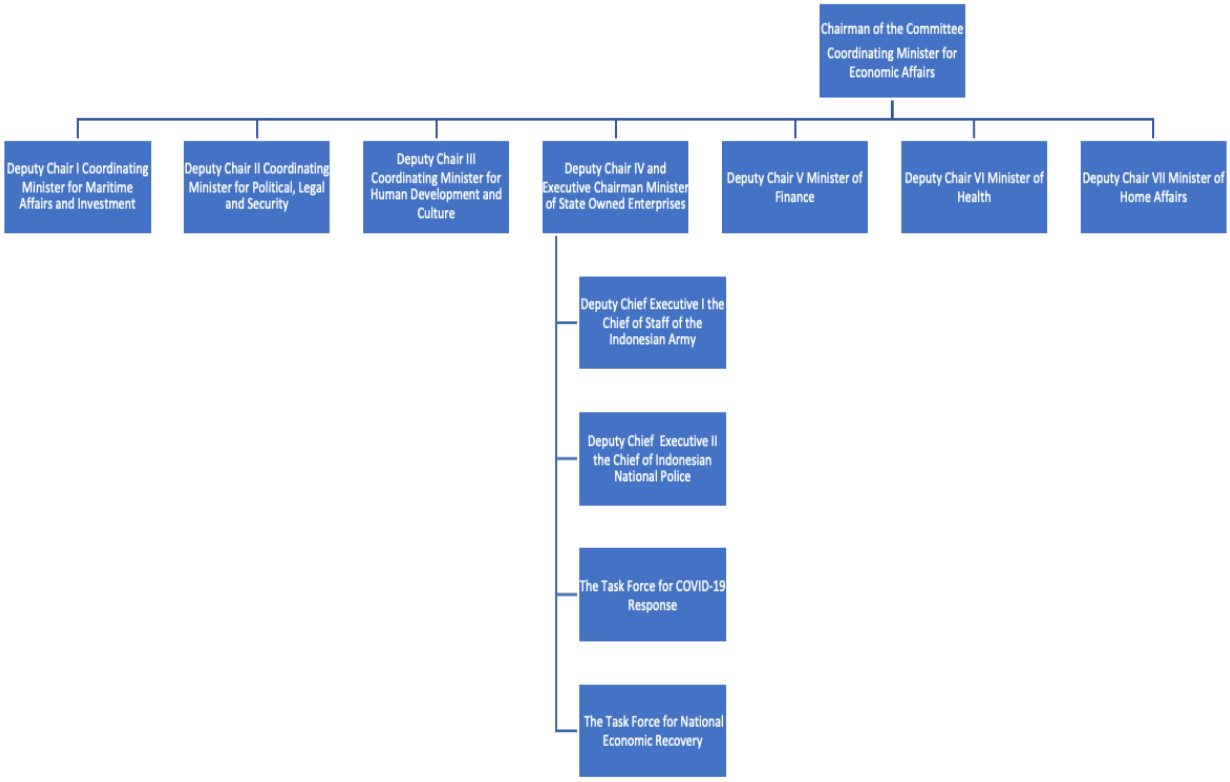
Aspects	Presidential Decree Number 7 of 2020		Presidential Decree Number 9 of 2002	
The Steering Unit	The Coordinating Minister for Human Development and Cultural Affairs		**Chairman**	The coordinating minister for Human Development and Cultural Affairs
	The Coordinating Minister for Politic, Law, and Security Affairs		**Deputy Chair**	1. The coordinating minister for Politic, Law, and Security Affairs 2. Minister of Health
	Minister of Health		**Secretary**	Minister of Finance
	Minister of Finance		**Members**	Representative from 27 ministries and/or government institutions
The Executive Unit	Chairman	The Head of BNPB	Chairman	The Head of BNPB
	Deputy Chair	1. Chief of Operational Staff Division – Army Forces 2. Chief of Operational Staff Division – National Polices	Deputy Chair	1. General Secretary of Ministry of Health 2. General Secretary of Ministry of State-Owned Enterprises 3. General Secretary of National Resilience Council 4. Chief of Operational Staff Division – Army Forces 5. Chief of Operational Staff Division – National Polices
	Members	Representative from **10 ministries and/or government institutions** including Army Forces and National Polices	Members	Representative from **30 ministries and/or government institutions** including Army Forces and National Polices and other actors if necessary

Source: combined from various sources

Several months later, as many regions and communities were affected by COVID-19 in many aspects beyond health issues, on 20 July 2020, the GoI issued Presidential Regulation Number 82 of 2020 concerning KPCPEN. It can be seen in Figure 4.1 that the committee's organizational structures were enhanced from only three units to five units: Chairman,

Deputy Chair, Executive Unit, the COVID-19 Task Force, the Task Force for National Economic Recovery, and Executive Secretary.

Figure 4.1 Organization Structure of KCPEN



Reflecting on evolving organizations to handle COVID-19 - from the Task Force to KPCPEN, I shall argue that it gets more interesting to see how in just several months, the focus of the government has shifted from securing health to handling the pandemic and saving the economy in parallel. In this case, the government argued that crisis management cannot be done partially and must adopt a comprehensive way.[4] However, the government has its own unique way to interpret 'the comprehensive way' by downsizing the number of state actors that were assigned to this committee from 30 (in the previous Task Force) to only 12 ministries and/or government institutions (see Figure 3). It is not to say that the more actors involved, the more effective the governance is. More attention should be put to further investigating which actors were eventually chosen by the President in this committee, given their background, experience, the organization they led, and how it played out within the pandemic governance.

The decision to establish ad-hoc institutions such as the Task Force and KPCPEN can be seen as the government tries to – borrowing Boin, A. *et al.* (2021) – "centralize authority and augment executive power". The President gives additional power to selected officials and they are given the authority and power to make critical decisions without having to get approval from democratic bodies. They also are given access to allocate resources including revising the state budget, and the legal authority to issue regulations whenever it deems necessary.

Regulation in Lieu of Law number 1 of 2020 on the COVID-19 pandemic response (known as Perppu 1/2020) is one of the perfect examples to explain the state-actors effort

[4] Interview Policymaker, 2022

to extend their executive power. In this regulation, the government is allowed to revise the state budget and allocate extra spending for the COVID-19 response which does not require the legislative body's approval. Furthermore, the regulation also shields officials from legal charges as long as they act – as mentioned in Perppu – 'in a good faith and according to the law'.

With a lack of opposition within the House of Representatives, I argue that this situation benefits the current administration to politicize and instrumentalize the COVID-19 policy response. The check and balance mechanism do not work properly as there is only one party that is opposed to the ruling coalition. On one side, it does help smooth the process of taking quick decision in response to the crisis without having the House questioning the government's plan and waiting for approval. But, on the other side, it violates the principle of good governance, particularly accountability and transparency

In response to Perppu 1/2020, on April 9, 2020, a group of anticorruption activists filed a petition for judicial review to the Constitutional Court. They feared that Perppu might lead to budget misappropriation and corruption (Ghaliya, 2020). The Center for Constitutional Law at the Faculty of Law, University of Indonesia pointed out that the regulation was deemed unconstitutional and contrary to existing regulations mainly because it tries to remove the check and balance functions of legislative bodies to oversight the government response during the COVID-19 pandemic (Fakultas Hukum Universitas Indonesia, 2020). As the House of Representatives passed Perppu into law on 12 May 2020, the Constitutional Court rejected the petition for judicial review on 23 June 2020 (Ghaliya, 2020).

Reflecting Veron, R. *et al.* (2006) cited on (Hilhorst, Boersma, and Raju, 2020) that as the pandemic governance arrangement has evolved in terms of its actors, roles, and responsibilities in everyday practice equipped with additional power and resources, it is high-likely that bribery and corruption can happen. On August 2021, Minister of Social Affairs – Juliari Batubara was found guilty of accepting bribes equal to 2,1 million EUR from private sectors supplying food packages under the social assistance program during 2020 (The JakartaPost, 2021). The public was angry with the fact that he, with such high-position in the government and the authority to help people affected by COVID-19, instead, stole money from the people amidst the crisis. In the end, the court sentenced Juliari Batubara to prison for 12 years (DetikNews, 2021). However, as the pandemic is still ongoing and improvement in the internal control system within the ministries and/or government institutions, there is still an opportunity for corruption, bribery, and collusion to happen.

4.3 Military Involvement in COVID-19 Pandemic Governance

According to Boin, A. *et al.* (2021), the military played a role in the pandemic governance, particularly within the mobility restriction context. According to three different policymakers, the central government acknowledges the military significant role in pandemic governance, particularly in the implementation stage where military personnel is mobilized to support and monitor COVID-19 measures at the local level.

> *"We cannot ignore the role of TNI and POLRI […] they have hospitals in each regency and city. And they help monitor and support [the implementation of COVID-19 measures] in the field. It is done for the monitoring and evaluation aspects, so to speak"* (Policymaker, 2022)

> *"For monitoring and implementation [of mobility restrictions policy], we deploy TNI and POLRI personnel"* (Policymaker, 2022)

> *"TNI and POLRI are deployed not to fight against civilian people, but to eradicate the virus […] they have a chain of command [extend to the local level], that is why the government did so. If we only rely on those people who possessed health education, that will not be enough"* (Policymaker, 2022)

In this matter, I am largely in agreement with Laksmana and Taufika (2020) who pointed out that TNI and POLRI have been involved not only in the implementation phase but also in the policy-making process of the COVID-19 response. It is clearly seen from the member of the Task Force and KPCPEN that some active duty and retired military officers both from TNI and POLRI holds strategic positions in shaping the COVID-19 measures (see Table 3 and Figure 3). This is including the Coordinating Ministry for Maritime and Investment Affairs – Luhut Binsar Pandjaitan, a retired four-star Army general, Former Minister of Health – Terawan Agus Putranto along with three special staff from retired generals employed by him to help tackle the pandemic, Minister of Home Affairs – Tito Karnavian, a retired POLRI general, and Former Head of BNPB – Retired Lieutenant General Doni Murnando (he was still active-duty officers in 2020 and retired from Army Forces on 24 May 2021).

At the implementation level, since both TNI and POLRI have their local units and personnel across Indonesia, they are deployed to monitor people's movement in the area where mobility restrictions are implemented and to keep people off the street. Given the geographical landscape of Indonesia as an archipelago country, they also deployed to help with medical supplies distribution; thus, health facilities at the local level get their essential needs in treating patients contracting COVID-19 (Laksamana and Taufika, 2020). The local government also asked them to assist in various tasks, such as building temporary tents for isolating COVID-19 patients as the hospitals exceed their capacity. Reflecting on military involvement,

Given the extent of military involvement in managing the pandemic, it is evident that TNI and POLRI – borrowing Laksmana and Taufika (2020) – do 'partial militarization' in public policy where a significant number of officers, but not counted as the military organization as a whole, take part in the decision-making process and implementation. On the other hand, some rather worry that TNI has been instrumentalized in the COVID-19 response to restore its territorial command structure that was removed after the dictatorship regime ended in 1998 (Honna, 2020). However, as the emergency situation is still ongoing, the extent of military involvement and their agenda in the name of helping tackle the crisis needs further investigation.

4.4 Non-State Actor's Involvement in Pandemic Governance

The government invites non-state actors (experts, academia, civil society organizations, development partner, non-governmental organizations, professional associations, and private sectors) to participate in pandemic governance. Between January and October 2020, the government engaged non-state actors mainly those who have professional health education and experience such as WHO, the Indonesian Medical Association, and the Indonesian Society of Respirology. However, as the pandemic evolves and affects broader scope, the government also engaged with more non-state actors from various backgrounds and expertise as a means to get comprehensive perspectives, mobilize resources, and accelerate the handling of COVID-19. For example, experts with law, sociology, economy, and humanitarian backgrounds.

Non-state actors convey their policy input, prediction, and assessment, and mobilize their resources in various ways. First, through the established network with ministries and/or government agencies. For example, an international organization with expertise in public health and epidemiology updates the situation report and provides policy input and alternatives through relevant authorities. Apart from that, some international organizations and CSOs collaborated with the local government to improve the surveillance system, and

diagnostic laboratory capacity, and strengthen public health centers to respond to COVID-19.

> *"They will then take our input into the inter-ministerial meeting that also discussed the policy from other perspectives such as economy, social, etc. They already got the input from us [particularly on] things that should be done that align with the international guidelines […] We support the central government and some provinces to improve their capacity namely surveillance training, the task force, COVID-19 diagnostic laboratory capacity to quickly detect influenza-like illness or severe acute respiratory infection"* (International Organization Representative, 2022)

> *"In 2021, our organization developed a survey on the impact of COVID-19 on essential health services in some provinces. At that time, we collaborated with WHO Indonesia along with some directorates within MoH […] we also collaborate with the West Java Local Government through Penta helix scenario […] where we improve Puskesmas capacity to respond to COVID-19"* (CSO Representative, 2022)

Second, stay outside of the government to keep a neutral stance in pandemic management and consistently advocate policy recommendations by developing a set of analyses of the government response to COVID-19. By providing publicly available reports on COVID-19-related issues followed by public discussions to which government representatives are invited as well, the non-state actors are able to develop a more objective analysis and urge the government to hold accountability and transparency in handling the crisis.

> *"Positioning ourselves as a 'watchdog' can be perceived as a strategic role in pandemic handling […] we try to observe and further analyze the government policy. When we find the gap [between existing conditions with desired output], that is when our CSO will try to remind [the government] When we have our report dissemination event, we make a room for dialogue where the government representatives can connect with other [civil society] organizations"* (CSO Representative, 2022)

On the other hand, there are two competing views regarding the role of WHO in the policy-making process within COVID-19 management. Three different policymakers perceive that international organization with expertise in public health and epidemiology plays a significant role in informing and guiding necessary aspects that should be considered in developing and implementing mobility restrictions.

> *"We always invite them to help us translate the [press] briefing on COVID-19 […] What was the briefing about? that is what we need to translate [into policy], right? Should people wear masks? Is it those sick people or healthy ones that should wear the masks? We were still confused [at that time]"* (Policymaker, 2022)

> *"We closely coordinated with them […] we cannot ignore the fact that COVID-19 management in Indonesia got many references from them and other developed countries"* (Policymaker, 2022)

> *"That is evident […] for example, in some cases, we still refer to them. First, regarding the vaccine […] Second, adopting the '(situational) level' [in mobility restrictions policy], we follow international organization standard here "(*Policymaker, 2022)

Contrary to the previous statement, there are also policy actors who perceive that the international organization with expertise in public health and epidemiology does not give much guidance in tackling COVID-19 which later swells into a multidimensional crisis. They emphasized that COVID-19 is not only about managing risk in the health aspect, but also about other development areas, including managing the trade-off and unintended externalities.

> *"So here is the thing, they only view this crisis from the health perspective […] when we talk about restrictions, they only know the number of cases is eventually dropping. But they do not see the economic and social impacts […] The only thing we rely on them is when their experts give updated information regarding the variant of COVID-19 and the following impact. But in determining the mobility restrictions, we don't involve them that much"* (Policymaker, 2022)

Reflecting on non-state actors' involvement in pandemic management, I think many of them have significant contributions in filling the gap of resources needed to improve national resilience in health security, providing data, information, and input that can give directions and alternative views for the government and other stakeholders. They use their expertise and database to promote evidence-based policy and to help policymakers make sense of information, get much clearer situations, and have wider perspectives in decision-making. This is crucial in times of crisis, particularly in speeding up policymaking and developing more comprehensive measures. Also, given their existing programs and networks, they are able to mobilize resources in the area where it is needed and relevant, despite their stance to stay within or outside of the government.

The role of non-state actors in pandemic governance has been stipulated in Presidential Decree Number 7 of 2020 and Presidential Regulation Number 82 of 2020 in which, in performing duties, the Task Force or KPCPEN can engage with another ministry, organization, institution, local government, private sector, experts, academia, and other stakeholders. It is true that both the Task Force and KPCPEN have collaborated with some non-state actors as mentioned earlier above. However, due to the unavailability of technical guidance that can translate further those mandates, policy actors have varied perceptions on the degree of involvement of non-state actors in providing evidence-based input and any technical assistance that may be useful in pandemic management. For these reasons, it depends on how much the policy actors value non-state actor's input in the decision-making process. Should the input be perceived as necessary, state actors will keep them in the loop and otherwise.

If there is no clear mechanism that further regulates the form and space for the non-state actors to take part in policymaking regarding COVID-19, their role and contribution may be politicized or underutilized by the state actors. We cannot ignore the fact that state actors have much power to pick whoever non-state actors they want to engage in providing data, information, and input to their liking. Also, there is a concern that this situation will impact the neutrality and objectivity of non-state actors in delivering advice, prediction of events, and options. Consequently, some non-state actors stay outside the government to maintain their neutral stance

Chapter 5 - Tackling the Wicked Problem

This chapter investigates the policy development, coordination, and change within the mobility restriction context. It starts with some findings that expose the existing condition of institutional infrastructure which influences the level of preparedness of policy actors at the central level in addressing the problem. Then, more findings are presented here on the development of PSBB and PPKM which were deemed effective in curbing the virus and other unintended negative impacts. Finally, those finding are analyzed particularly to better understand how the government comprehends the problem as well as the power asymmetry, and vested interest that were there during the implementation of PSBB and PPKM.

5.1 Institutional Infrastructure on Health Security

As mentioned in National Action Plan for Health Security document published on 20 December 2019, MoH is aware of the increasing trend of global health threats in recent years (Ministry of Health, 2019) From SARS, MERS, and H5N1, infectious diseases continue to pose great challenges to health development in Indonesia. While having a high burden of non-communicable diseases, malnutrition, and tuberculosis (ranked third in the world), there have been 200 AI cases with 168 deaths between 2005-2018 (ibid). This increasingly complex situation combined with the faster mobilization of people from one country to another may result in the rapid spread of disease.

Since 2005, Indonesia has made various efforts to strengthen the prevention, detection, and response to AI (MoH, 2019). From implementing IHR (2005) – an international agreement of 196 countries to build capacity to detect and report public health emergencies, conducting a series of self-assessments on health security capacity, to inviting the Joint External Evaluation (JEE) team in 2017 (ibid). Later, JEE provides some recommendations to the government to strengthen its capacity, particularly on (1) establishing a coordinated mechanism in which relevant authorities and institutions can work together in carrying out the IHR and global health security tasks; (2) improving decision-making mechanism vertically (between relevant authorities at central level) and horizontally (between the national government and local government) (ibid).

To enhance health security capacity through a multisectoral approach, the government issued Presidential Instruction Number 4 0f 2019 concerning Capacity Enhancement in Preventing, Detecting, and Responding to Outbreak of Disease, Global Pandemics, and Nuclear, Biological, and Chemical Emergencies. Furthermore, MoH, with other ministries, collaborated to develop NAPHS as an integral part of Presidential Instruction, which incorporates guidelines for further collaboration among stakeholders according to their respective duties and authorities in a bid to advance national resilience to the public health emergency. The NAPHS also contains detailed priority activities along with short-term, intermediate, and long-term outcomes. Unfortunately, not long after NAPHS was launched, COVID-19 hits the world.

On 24 January 2020, almost one month after the first COVID-19 was confirmed, the President explained to journalists that he already gave instructions to MoH to monitor the COVID-19 situation closely and in a detailed manner (Sekretariat Kabinet, 2020). He even gave warnings to all ministers and government officials to be cautious with giving statements to the public especially when it comes to data and numbers and urges them to always double-check the information (ibid). However, one might argue that it was not an easy task.

"We were confused at first. Who will be the leading coordinator [of COVID-19 management] within our organization? Each unit felt that it is not their responsibility, so to speak […] so yes, it was difficult to decide who would be the leading coordinator" (Policymaker, 2022)

The confusion continued to happen, at least for some relevant authorities despite having a set of regulations, policies, and guidelines for handling outbreaks. Some policymakers asserted, particularly on the Presidential Instruction Number 4 of 2019 and the NAPHS, that those two documents are not giving much guidance to enable effective multisector coordination in handling COVID-19.

"Relevant authorities did not read the whole document (of this regulation) and its derivative documents (National Action Plans for Health Security Indonesia) perhaps because it is considered a new regulation that was signed by the President last year (Policymaker, 2022)*".*

"Maybe because there is still no derivative [documents] that contain detailed activity, therefore each of us [government ministry or institutions] makes our own translation [towards the Presidential Instruction and NAPHS] MoH did their own way, and so does another ministry (Policymaker, 2022)*".*

Confusion on how to navigate the situation resulted in limited measures developed by the government. Between January and near the end of March 2020, Indonesia's main response to COVID-19 is only focused on health monitoring and border-related regulations (Yen et al., 2022) (see Table 5.1).

Table 5.1 Highlights of Policy Response to COVID-19 from January to March 2020

Month	Event
January	• Health monitoring for foreign travelers by installing thermal scanners at 135 entry points to Indonesia • Setting up 132 referrals hospital to treat suspected or confirmed patients with infectious diseases • Suspended entry or transit in Indonesia for travelers who have visited Iran, South Korea, and Italy for the last 14 days
February	• Travel ban to and from China • Travel warning for Indonesian citizens to Singapore
March	Travel restrictions to the incoming foreign travelers who have visited COVID-19-hit regions of South Korea, Iran, Italy, Switzerland, the Holy See, Germany, France, Spain and United Kingdom

Source: combined from various sources

5.2 A Long Journey to Tame COVID-19: From PSBB to PPKM

One month before the first two cases were confirmed, on 10 February 2020, WHO Representative in Indonesia – Navaratnasamy Paranietharan, said to the news online media that he was concerned that Indonesia, a country with 270 million people, did not have the necessary capacity to detect COVID-19 given neighboring countries had already reported new cases and the global cumulative cases had reached more than 40 thousand (Iqbal, 2020). WHO also reminded the government to take necessary actions to improve prevention, detection, and response in health security including enhancing health facilities' capacity to treat patients with suspected or confirmed COVID-19 (ibid). At that time, it took about five days for the laboratory to analyze the COVID-19 sample (ibid).

After the first week of March 2020, the daily number of new confirmed cases keeps rising (see Figure 5.1). On 19 March 2020, the President gave instructions to relevant authorities to provide a more rapid test kit and enhance the number of testing locations by involving hospitals owned by the government, state-owned enterprises, the military, the private sector, research institutes, and higher education (Kementerian Sekretariat Negara, 2020). Later, on 31 March 2020, the cumulative confirmed cases reached 1.528 cases (see Figure 5.2). It means, in less than one month, Indonesia experienced a sharp increase in confirmed COVID-19 cases. Still, many experts believed that the existing number of cases in Indonesia was not reflecting the current condition owing to the huge number of underreported cases given the limited testing capacity (Empel et al., 2020).

Figure 5.1 Daily Confirmed Cases March 2020

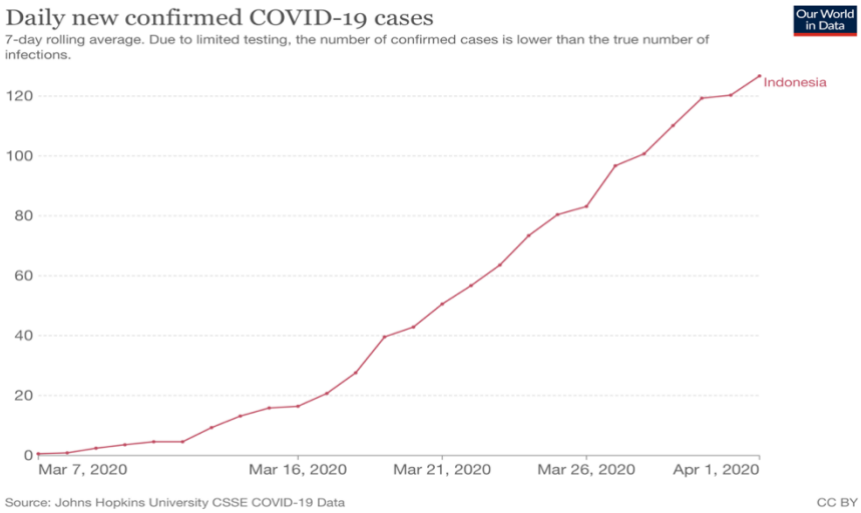
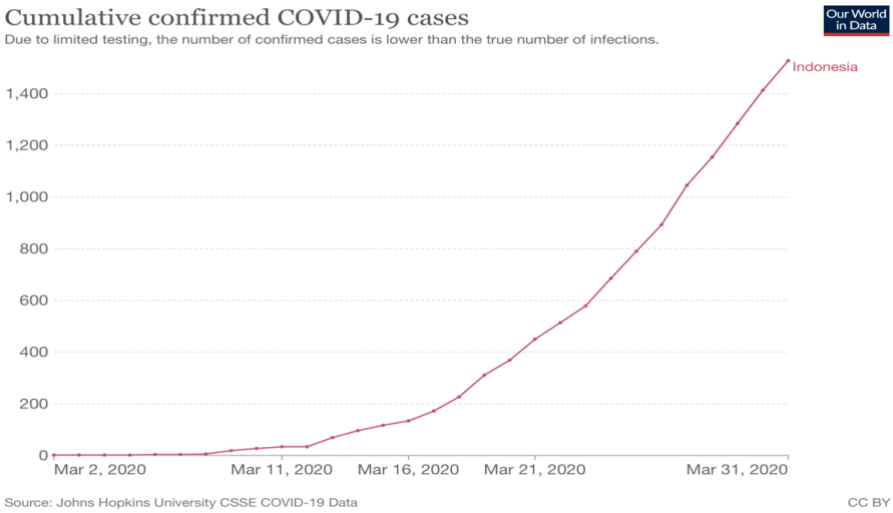


Figure 5. 2 Cumulative COVID-19 Cases March 2020

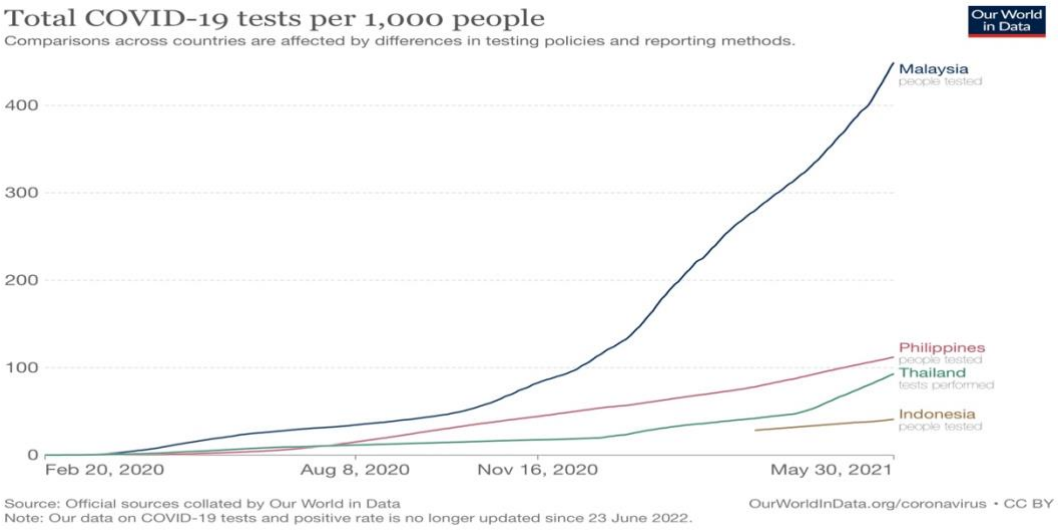


The tension between the central government and local government regarding testing capacity posed another challenge in pandemic management (Saputri, 2020). Under the decentralization system, the local government is allowed to take necessary measures to address COVID-19 swiftly. In a bid to ack quickly address the pandemic, on February 2020,

some local governments such as the Governor of West Java Province and the Governor of Central Java Province took initiative to conduct PCR tests because they have the capacity to do so (Briantika, 2020). However, MoH insisted that only the National Institute of Health Research and Development had the authority to perform PCR tests and it was best to do so because it would prevent further conflict of interest.

According to Saputri (2020), based on their observation between January to June 2020, there are several problems that need to be solved immediately to advance COVID-19 testing capacity. First, frequent changes in relevant regulations concerning laboratories, especially about qualifications that should align with WHO criteria. Second, inadequate testing kits such as chemical reagents and Virus Transport Media. Third, lack of laboratory technicians to perform the golden standard of diagnosing COVID-19 samples. For these reasons, Indonesia had the lowest testing capacity which is 1,03 per 1000 people compared with Filipina, Thailand, and Malaysia which are 3,71; 6,7; and 9,17, respectively. And unfortunately, the gap in testing capacity becomes wider as the pandemic continues (see Figure 5.3).

Figure 5.3 Testing Capacity Per 1000 People



5.2.1 COVID-19 Data Management

On the other hand, according to two different policymakers, managing data on daily new suspected and confirmed cases, and confirmed deaths posed another challenge in providing data that supports accuracy in policymaking. At first, there was no fixed and agreed mechanism for data collection between the central government and local government, particularly on the variety of data that needs to be reported, through which platform, in what forms, at what time, and how to validate the data to ensure its reliability.

> *"If we talked about the application system used to manage the data, we were confused about how we should do it? how to input the data? […] we eventually managed to develop one application system for data reporting. But [at the same time] there were also a high number of cases at the local level [that need to be recorded and reported as well]. They were confused about how to record the data, and finally, they made their own platform. Eventually, there were many applications used as databases. Some local governments decided to use our application, and some were not. In the end, we bridge all the platforms, so they do not have to reinput the same data in the different platforms […] But, until now, there are some provinces that are still using their own platforms such as West Java and Central Java. So, we have to make an extra effort for data verification. It is challenging given the fact that it is still happening now"* (Policymaker, 2022)

"It is the local government who recorded and reported the data to MoH. And sometimes, there is a delay time between data reporting and processing until the central government uses it to formulate measures. For example, if the central government modified its measures on the 20, we used the data available on the 17 or 18. Sometimes the local government complained to us as the central government imposed harder measures on their region that did not build on the existing conditions. Sometimes there is confusion about the data-cut-off date. It is not clear at what time or the deadline for the local government to report their suspected or confirmed patients with COVID-19" (Policymaker, 2022)

Despite the chaos in COVID-19 data management, on 13 March 2020, surprisingly, the President admitted that the government intentionally did not reveal all data and information related to COVID-19 to prevent unnecessary massive panic (Muthiariny, 2020). He also asserted that each state has its own policy and that his administration would always be ready to tackle any emergencies posed by COVID-19 (ibid).

On the other hand, in the search for a reliable health information system, on 29 April 2020, after a thousand cases were recorded manually and various application systems were developed, BNPB launched a portal called Bersatu Melawan COVID (United Against COVID) (Agustini, 2020). The portal aims to record and integrate data covering both local and national levels namely suspected and confirmed patients with COVID-19, contact tracing, and confirmed deaths (ibid). It also provides data for need assessment related to logistics, and health care resources, and to support policy formulation at the central level (ibid). Months later, in November 2020, the government acknowledged the mismatch of COVID-19 data between the central government and the local government because of the fragmented application system (Karunia, 2020). In response to this problem, the government in collaboration with a state-owned enterprise in telecommunication - Telkom, developed New All Records.

5.2.2 PSBB Among Other Alternatives

After the tremendous rise in confirmed cases in March 2020, Indonesia was on alert and started to weigh available options to control the situation from becoming worse. As paramount leaders decided to not impose lockdowns as China did, according to Law Number 24 of 2007 concerning Disaster Management and Law Number 6 of 2018 concerning Health Quarantine, the government has the option to impose health quarantine at the household level, hospital, some or whole region (similar to total lockdown). If the government chooses to implement regional quarantine, it will not be cheap. The government needs to allocate social assistance and provides staple food to ensure people stay at home during quarantine. If a lockdown were imposed in Jakarta alone, the capital city of Indonesia, it would cost approximately US$ 483 million for the whole two weeks (Nugroho, 2021).

According to three different policymakers, after some consideration, at the end of March 2020, the government opted for PSBB as the most viable option to minimize the risk in the health sector and economy as well. The policy aims to limit community mobility in economic, social, religious, and even educational activities, and to further prevent local transmission.

"Amidst the emergency situation, we cannot be reckless. We need to consider the existing regulation including the law concerning disaster management. In the law, there are no terms like lockdown […] the terms 'lockdown' is not explicitly mentioned in the law. If we insisted to impose lockdown while it did not stipulate under specific regulation, it would cause another problem" (Policymaker, 2022)

"We choose PSBB, if I was not mistaken, probably because it was the most doable option at that time and considered as the less severe alternative among others. If we opted for regional quarantine, according to the law, it would give heavy pressure (on the state budget)" (Policymaker, 2022)

"Before implementing PSBB, the government asks for our input concerning fiscal capacity. They want to know if PSBB were implemented, how it would affect the economic growth" (Policymaker, 2022)

PSBB came into effect after Government Regulation Number 21 of 2020 was issued. Under PSBB, the local government is allowed to restrict the movement of people and goods to and from respective regions, only if MoH granted them permission to do so. The local government should meet some criteria determined by MoH namely the rising number of confirmed COVID-19 cases or deaths followed by the rapid spread of the virus to several areas. They also should have necessary resources such as the availability of basic needs to ensure people stay at home and follow health protocols during PSBB. Should they meet the criteria, MoH would make the assessment and decide whether permission would be granted. PSBB is imposed for the full 14 days of incubation period and, if necessary, can be extended for further days.

Initially, only DKI Jakarta Province which implemented PSBB, started on 10 April 2020. Not long after that, some local governments followed this step as an instrument to curb the virus in their respective locations. PSBB was implemented until December 2020, with some modifications being made as required under the evolving situation (see Table 5.2). In determining which areas should implement PSBB, the government developed risk zoning divided into four: red (most high-risk areas), orange, yellow and green (the lowest-risk areas). Furthermore, as people were required to stay at home during the implementation of PSBB, the government distributed social assistance in cash or in other forms with a value of US$ 13,9 billion to support people in meeting daily needs (Kementerian Keuangan, 2021).

Table 5.2 Highlights of PSBB Between April to December 2020

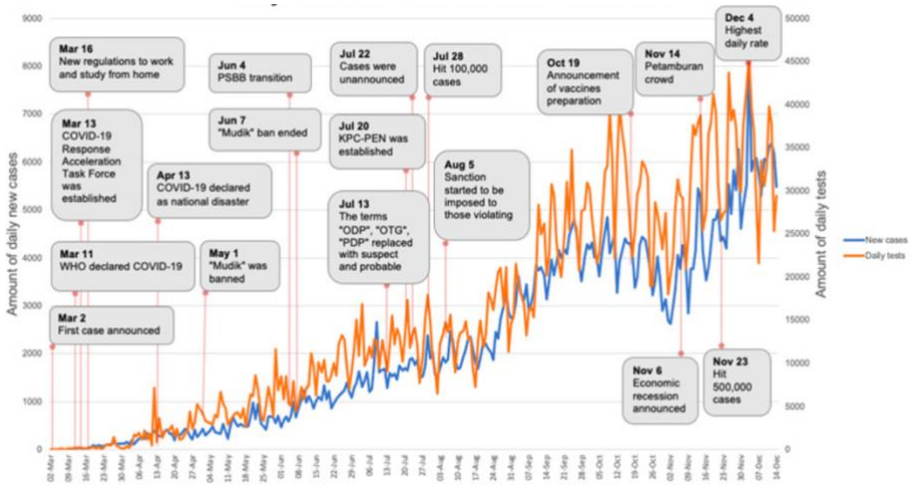
Month	Events	Mobility Restrictions
April	**PSBB** was implemented in some provinces, cities, and regencies. Most of them are on Java Island, the most populous area in Indonesia	• Closing of schools and offices • Restrictions in social, cultural, and religious activities • Restrictions in public space unless in supermarkets, traditional markets, and stores that sell medicines, staple food, and basic necessities while maintaining physical distancing • Limitations in the number of passengers in public or private vehicles
June	• The government claimed that the country has shown some improvements in health indicators, therefore, extended the implementation of PSBB in some areas with loosened measures. It is also called **Transitional PSBB** as it serves as a transition period towards the New Normal stage • Most of those areas that implemented transitional PSBB are in DKI Jakarta Province and East Java Province	• Local governments are allowed to develop additional requirements to regulate people's movements who enter their respective locations under transitional PSBB situations. For example, DKI Jakarta Governor required everyone who wants to leave or arrive in Jakarta to obtain an Exit or Entry Permit stating that the person has had negative COVID-19 test results for the past seven days • Closure of schools and universities

		• Reopening places of worship, offices, and public spaces would be done gradually. At first, only 50 percent of the regular capacity while requiring people to wear masks, physical distancing, and regular hand washing. The adjustment would be made if the COVID-19 situation is getting better.
December	In a bid to prevent significant rise of COVID-19 cases after Christmas and New Year celebrations in public spaces, the government imposed stricter measures under **Tightened PSBB** scheme. However, it only applied in DKI Jakarta Province given the rising number of cases even before the Christmas day.	• Closure of schools and universities • Reopening of offices with maximum 50 percent of full capacity and should closed at 7 pm • Restaurants are allowed to serve dine-in customers with only 50 percent of maximum capacity • Public transportation are allowed to operate until 8 pm with some limitation on the number of passengers

Source: combined from various sources

Nine months after the implementation, unfortunately, both the confirmed cases and deaths keep increasing while testing capacity had not significantly improved (see Figure 5.4). According to Mathieu et al (2020), until 31 December 2020, the cumulative confirmed cases reached 743.198 cases while confirmed deaths reached 221,29 death. Furthermore, according to CISDI, as of 9 December 2020, the tracing isolation ratio for Indonesia was 1,62 meaning the tracer could only find 1-2 people that have been in close contact with someone with COVID-19 (2020). To prevent any local transmission, WHO requires that for 1 case confirmed, the tracer should find at least 30 people who have been in close contact with the COVID-19 patient (Pusparisa, 2021).

Figure 5.4 Daily Test and New Cases of COVID-19 in 2020 (CISDI, 2020, p.19)



Improving contact tracing is not a simple task. In the absence of a national budget to support contact tracing, the local government bears the burden to mobilize resources to conduct contact tracing (Meckelburg, 2021). MoH in collaboration with WHO could only provide technical guidance and training on how to perform contact tracing. In some areas, the local governments and relevant authorities act swiftly in tracing close contacts of the confirmed patient with COVID-19 (ibid). Unfortunately, some are not, due to inadequate resources and lack of political will (ibid). As a consequence, there is a highly varied response in this matter among local governments, and it surely posed another challenge in pandemic management.

> *"Regarding the surveillance and contact tracing, we found that some local governments try to lower the number of suspected and confirmed cases. They are afraid that it would give them a bad reputation for not being able to contain the pandemic if compared with other local governments. We are deeply concerned about it. It is even worse if they did not trace the close contact and did not do anything about it. It would be like a ticking bomb. But, if they do trace the close contact followed by isolation to prevent wider spread, even without reporting it to relevant authorities, I think that is ok"* (Policymaker, 2022)

5.2.3 An Emergency Brake: PPKM

At the beginning of 2021, Indonesia was at a crossroads. The Chairman of KPCPEN reported that PSBB was a success shown by some improvement in the purchase manager index, the currency exchange rate for Indonesian rupiah to dollars (USD), and also Indonesia Composite Index (Kompas, 2021). Contrary to those achievements, Indonesia experienced the highest number of daily new confirmed COVID-19 cases, above 10.000 cases since March 2020 (Gitiyarko, 2021). In less than a month, the total number of confirmed cases reached more than 1 million cases. With alarming hospital capacity across Java and Bali Island in the first week of January 2021, the government had to pull an 'emergency break' by imposing PPKM with stricter mobility restrictions effective immediately on 11 January 2021, replacing PSBB, as it is stipulated under Instruction of Minister of Home Affairs Number 1 of 2020 (ibid).

PPKM is developed based on lessons learned from the previous implementation of PSBB, particularly on the low enforcement, low level of people's obedience to health protocols, and varied political will among local governments, which resulted in high-varied responses across Indonesia.

> *"There is a lack of enforcement within the implementation of PSBB. That is why we develop another mobility restrictions policy called PPKM. If PSBB were implemented based on the proposal made by the local government, PPKM is imposed by the central government which is further stipulated by the Minister of Home Instruction. PPKM can be seen as an effort to synchronize COVID-19 measures between the central government and local government. During the PSBB phase, we learned that the implementation of mobility restrictions at the local level can be politicized by the local government. Once we imposed PPKM, the local government should follow predetermined measures in accordance with the level of active COVID-19 cases in those regions, so to speak […] the reason why PPKM is stipulated under the Instruction of the Minister of Home Affairs is that most of the local government and local authorities are afraid to them[…] and we should be blessed with the fact that the current Minister of Home Affairs is a retired high-officer in POLRI. He has the network and power to deploy police officers at the local level"* (Policymaker, 2022)

Initially, PPKM was imposed in seven provinces across Java and Bali Island for 15 days (11-25 January 2021). But, for the next round, the duration was shortened to 14 days with some adjustments in mobility restrictions. In Table 5.3, we can see the major difference between PSBB and PPKM.

Table 5.3 Differences Between PSBB and PPKM

	PSBB	PPKM
Mechanism	The local government makes a proposal to the MoH to get permits to impose PSBB in their respective locations	The Government through MoHA imposed PPKM in several regions based on the assessment of several criteria
Mobility Restrictions	• Restrictions in social, cultural, and religious activities • Closing of schools and universities • Restrictions on public transportation	• Restrictions in the workplace. About 75 percent of the total employee should Work From Home, and only 25 percent of the total employee is allowed to Work From the Office • Online learning for school and university students • Restaurants are allowed to serve dine-in customers with only 25 percent of maximum capacity • Shopping malls are required to close by 7 pm • Worship place still can open with limitation on 50 percent of maximum capacity whole maintaining physical distance and wear masks • Essential sector that sell medicines, staple food, and basic necessities are still allowed to fully operate under strict health protocols
Required Criteria	Rising confirmed COVID-19 cases and deaths with rapid spread to several areas	• The death rate exceeds the national average of 3 percent • Recovery rate under the national average of 82 percent • Active confirmed cases above the national average of 14 percent • Bed occupancy ratio surpassing 70 percent

Source: combined from various sources

From Table 5.3 above, at least there are some major changes being made in PPKM. Rather than using the bottom-up approach, the government decided to employ a top-down approach in tackling the escalated situation. They also lowered the maximum capacity of people allowed to do their activities in some places including limitations in operating hours, in hope of slowing the transmission rate within the community. Furthermore, the government revised the required criteria to determine which area should implement PPKM.

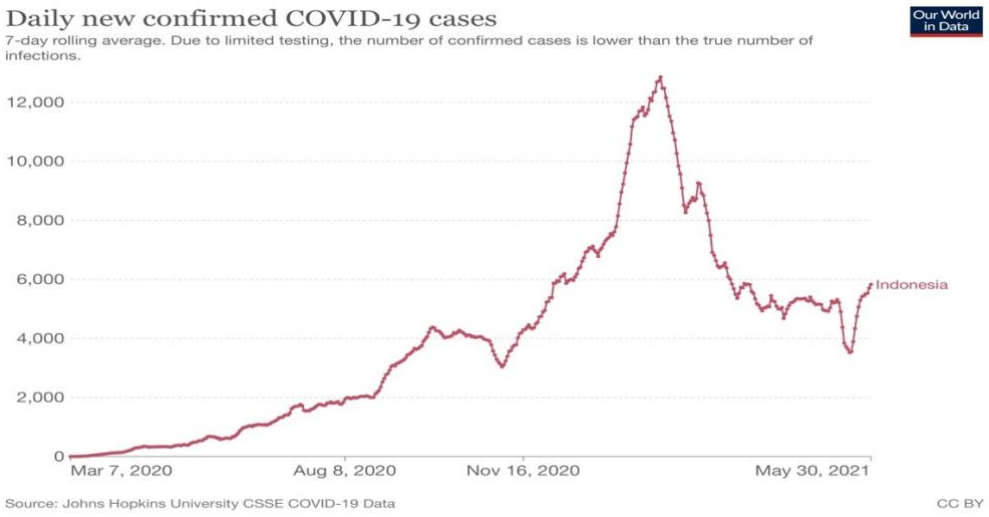
Besides PPKM, on 13 January 2021, the government launched its COVID-19 Vaccination Program to give better protection to 181,5 million people (Kementerian Luar Negeri, 2021). Many doubted the government vaccination program because of the low efficacy of CoronaVac (65,3 percent), a COVID-19 vaccine developed by Sinovac Biotech

in China, despite meeting the WHO efficacy threshold which is above 50 percent (ibid). As of 10 October 2022, about 62,4 percent of Indonesia's total population, or 168,4 million people, has completed the COVID-19 vaccination (Mathieu et al., 2020).

> *"We are aware that many people regret in our decision to use the Sinovac in our vaccination program. But actually, we do not have many options. We have limited access to buy COVID-19 vaccines that are developed by the USA and Europe. Should the vaccine be available, it is no doubt that they would prioritize western people first to be vaccinated. Through vaccine diplomacy, we get access to buy Sinovac despite the low efficacy. Certainly, it is a high-risk decision taken by the President"* (Policymaker, 2022)

On 5 February 2021, in a bid to slow rapid transmission and considering the evaluation results of mobility restrictions in several regions, the government enforced the Micro-Scale Restrictions on Community Activity or PPKM Mikro starting from 9 to 22 February 2021 (Sekretariat Kabinet, 2021) while also implementing PPKM at the province, cities, and/or regency's level. Under PPKM Mikro, the governor in Java and Bali Island was instructed to extend mobility restrictions at Rukun Tetangga (RT) – neighborhood units consisting of between 30-50 households in a specific area (Mahendradata et al, 2021). If those RT have 10 households with confirmed cases within a week, they should implement some measures (ibid): (1) strengthening surveillance by conducting contact tracing; (2) isolating the suspected cases and close contact with tight supervision; (3) closing the public facilities, except for essential services that sell staple food and basic needs; (4) restricting mobility above 8 pm. Five months after the implementation of PPKM combined with the government vaccine program, the daily new confirmed cases started to decrease in May 2021 (see Figure 5.5).

Figure 5.5 Daily New Confirmed Cases Between March 2020 and May 2021



5.3 In A Search for Better Pandemic Governance: Understanding the Problem

Reflecting on the mobility restrictions policy developed and implemented by the government from January 2020 until May 2021, I argue a similar view to An, B.Y and Tang, S.Y. (2020) here in which they highlight that inadequate institutional infrastructure before the pandemic hits the country has contributed to unpreparedness and reactive responses when the COVID-19 situation has escalated. Institutional infrastructure refers to a set of improvements in regulation, governance, contingency plan, state capacity, and decision-making structure to address the crisis in a more holistic approach and with minimum societal damage (ibid).

The pre-established institutional infrastructure, which includes the policy itself, is crucial in determining the state's capacity in addressing the potential outbreaks and uncertainty entailed (Liu, Wu, and McEntire, 2021). In the absence of adequate institutional infrastructure in pandemic management, it is no surprise then that the government experience difficulty in comprehending the complexity of the problem posed by COVID-19 and failed to take necessary actions in a coordinated and integrated manner. It also creates spaces where the response to the COVID-19 pandemic can be politicized and instrumentalized by some state actors.

It is true that the government has already made some efforts to improve its health security and put a coordinated mechanism involving cross-ministries. Unfortunately, I think it happens at a slow pace, leaving the state and public vulnerable when outbreaks or even pandemics come at an unexpected time. After experiencing some challenges in tackling infectious diseases namely SARS and H5N1 more than a decade ago, the government has limited effort to overhaul the public health system, relevant regulations, and prevention and detection infrastructure in a bid to improve preparedness for the next outbreak, epidemic, or pandemic. It is confirmed by one of the policymakers I interviewed who pointed out that the health system itself was unprepared to cope with the pandemic: inadequate number of doctors, ventilators, and isolation and quarantine facilities.[5]

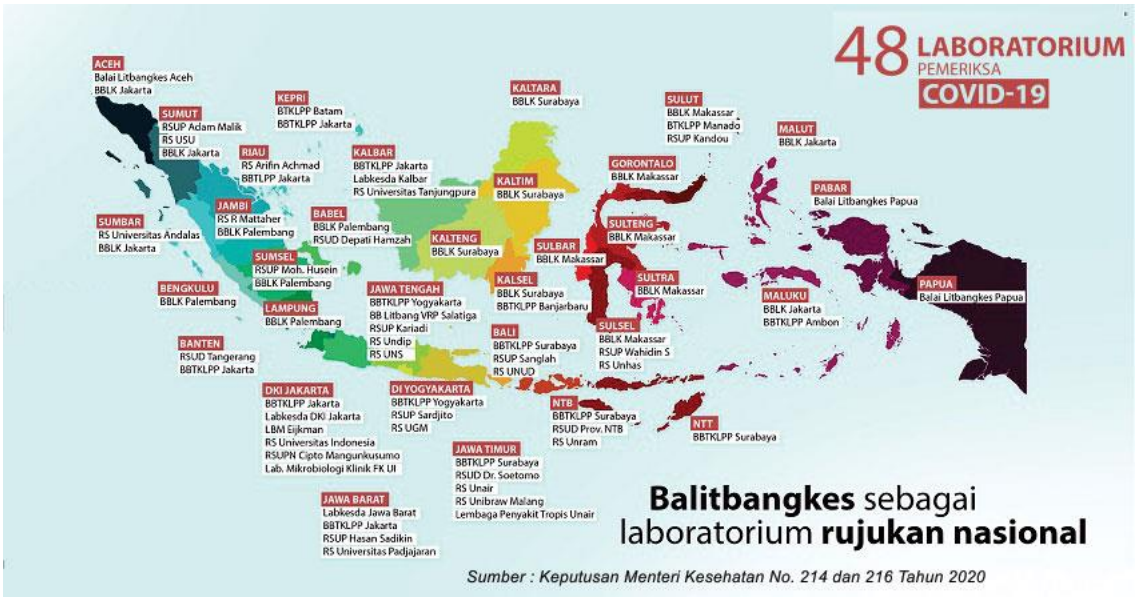
Between January to March 2020, the government did not have a comprehensive plan and massive resource mobilization to tackle the outbreaks that have transformed into a pandemic (Yen et al., 2022). The limited number of COVID-19 laboratories and inadequate testing capacity has created inherent complexity within the pandemic management. In the absence of strong surveillance across Indonesia, it is impossible for the government to know where the virus is, how many people already contracted the virus, and which areas should be isolated first to prevent wider and more rapid transmission.

On 19 March 2020, there were only 48 COVID-19 laboratories across Indonesia where most of them concentrated on the western part of Indonesia and left Papua Island (the most eastern part of Indonesia) with only one laboratory (see Figure 5.6). Unequal distribution of laboratories coupled with challenges in distributing necessary tools and logistics to remote areas have contributed to the complexity of managing the pandemic.

Yet, in the absence of the Centers for Disease Control and Prevention (CDC) which is equivalent to the emergency command center, government actions in public health emergencies are more likely to be shaped by political considerations (Egawa, 2020 quoted in An and Tang, 2020). If we look into the state budget for COVID-19 handling in the fiscal year 2020, the government allocated US$ 51,3 billion with 85,7 percent for economic recovery and only 14,3 percent for the health sector (Kementerian Keuangan, 2021). In 2021, budget allocation for economic recovery is 46 percent of the total budget for COVID-19 handling, while the health sector received 28,8 percent of the total budget (ibid Rather than mobilizing resources and improving testing capacity as suggested by WHO Representatives for Indonesia since 10 February 2020, paramount leaders were in denial of the crisis and, surprisingly, allocated billion of rupiahs to social media influencers to attract more tourists as discussed in Chapter 4.

[5] Interview Policymaker, 2022

Figure 5.6 COVID-19 Reference Laboratory Network



Source: Ministry of Health

Notes: the red tab depicts the name of the province in Indonesia while the white tab represents the name of the reference laboratories.

In addition, inadequate investment in infectious diseases-related data management also posed another challenge in problem identification within the COVID-19 context. Uncoordinated data management between the central government and local government and a fragmented application system has failed data provision that is crucial in assessing the current situation in the community. Fortunately, non-state actors such as journalists and CSOs have initiated the grassroots movement to fill the gap. They provide COVID-19 data and information in hope of helping both the government and the public to better understand the situation, create a necessary sense of crisis, and mitigate the negative impact of the pandemic swiftly (Nadzir, 2020).

By the time the government acknowledges and took serious action to improve COVID-19 testing, I shall be arguing that it was already too late in helping them to understand better the clarity of problem particularly before the virus was found in March 2020. Due to unpreparedness and limited understanding of the problem, millions of people are infected by the virus and thousands of people died from it. It took more than one year after implementing PSBB and PPKM for the government to recognize that testing helps them in identifying where the enemy (the virus) is. A policymaker whom I interviewed asserted that improved COVID-19 testing allows them to know where they should 'launch the precise missile', instead of shadowboxing – without knowing where the exact location of the enemy.[6]

Some might argue that endless uncertainty and frequent changes in WHO statement regarding the COVID-19 pandemic have contributed to the government's stuttering in responding to the situation. It might be true to some degree, but, following Boin, A *et al* (2021) points, I think it is possible to manage uncertainty by continuous sense-making during the crisis cycle which will help the government to assess the situation on regular basis in hope of adding clarity of the problem and modifying policy or intervention swiftly. According to some government officials, the President held a cabinet meeting on weekly basis since the beginning of the pandemic to monitor the situation. After getting the updated information on the COVID-19 situation, the President will give instructions to his cabinet to scale up,

[6] Interview Policymaker, 2022

remove, and impose new or stricter measures. It can be seen as government efforts at sense-making the information, revising and updating their understanding of the current situation but, still, it failed to create a sense of crisis among paramount leaders. Instead of communicating the risk and engaging the public to comply with health protocols, the government elites decided to ignore the virus and give more attention to preserving the economy.

Regarding the COVID-19 handling between January 2020 and May 2021, I argue that government institution framing here has been dominated by the economic narrative and they were more concerned about the economy than public health. While some state actors underestimated the situation in the absence of confirmed cases, they intentionally directed public attention toward the economic situation saying that it was in more serious danger; thus, justified their response to giving more incentives to private sectors in the name of economic recovery. It is then proven that in February 2020, the government announced to the public the plan for economic incentives for the tourism sector. One month after the implementation of PSBB, amidst the upward trend in confirmed cases, the government introduced the New Normal phase where some mobility restrictions were relaxed to boost economic recovery. Later in January 2021, the Chairman of KPCPEN emphasized that PSBB was a success in saving the economy, amidst the significant rise in confirmed cases and deaths. In the fiscal years 2020 and 2021 alone, the government allocated more money for economic recovery than public health (Kementerian Keuangan, 2021).

In the midst of limited state capacity to grasp the problem under a rapidly changing situation, I think that policy actors are struggling with clarity of solutions that effectively address the multidimensional crisis posed by the pandemic. In the beginning, it is evident that the pandemic disrupted public health and economic activity. That is why the government focused on those two aspects only and expected that PSBB and PPKM would perform as effective measures in saving lives and preserving the economy. It might also be influenced by how the institutional framing, both in central government and the public, continuously emphasized only public health and economic aspects that were hardest hit by the pandemic.

Similar to other wicked problems such as the climate crisis, the pandemic also has the ability to disrupt all aspects of human life not limited to the economy and public health as well. Therefore, it requires multiperspective analysis to formulate a more comprehensive set of solutions for the pandemic. However, unfortunately, the government failed to acknowledge it earlier. According to one of the policymakers whom I interviewed, around October or November 2020, as the government started to recognize that the impact of the pandemic is beyond economic and health, the government engaged with experts with social and humanities backgrounds in hopes of getting policy input from various perspectives.[7] However, it is still unclear to what extent the impact of non-state actors' input in policy response toward the COVID-19 pandemic is.

With varying degrees of involvement of non-state actors in providing evidence-based input as discussed in Chapter 4, according to CISDI (2022), it is possible that non-science-based opinions from officials trying to fill the void in the policy-making process. For example, in determining the extent of the restriction on several activities within PSBB and PPKM, a policymaker admitted that it is not purely evidence-based policy, instead, some of it is based on a rough estimation without a rigid methodology and they preferred to call it as part of performing 'art in decision-making'.[8] Given this situation, I think non-science-based opinions, particularly in decision-making under a crisis situation, whomever it comes from,

[7] Interview Policymaker, 2022
[8] Interview Policymaker, 2022

should be treated with critical thinking. Should they proceed without systematic reviews, it is highly possible that the community bears the consequences.

5.4 Understanding the Role of Data, Interest, and Power in Pandemic Governance

If Alford and Head (2017) claim that knowledge asymmetry has contributed to the degree of complexity of the problem, in the context of pandemic governance in Indonesia, I argue it is the COVID-19 data availability that adds the intricacy in tackling the virus. Under a crisis situation, it is best that relevant authorities and stakeholders, both at central governments and local governments, have equal access to available data and information that are essential in the policy-making process. By exchanging data and information among stakeholders and creating an environment where they can voice different perspectives to reduce bias, it is possible for the government to develop more comprehensive solutions to address multidimensional crises and mobilize resources effectively and swiftly. But, in fact, that did not happen, at least, before and during the implementation of PSBB.

From the decision to not disclose COVID-19 data to the rejection of some governor's initiatives to conduct PCR tests by MoH, it is highly possible that the government had interest to control the data since the beginning of the pandemic while maintaining a centralized response in the decentralized system. Until now, essential data such as tracing isolation ratio for each province/municipality/district and detailed information about the scope of COVID-19 vaccination for the vulnerable group are not publicly available. This situation makes it hard for state actors to mobilize resources where it is needed.[9]

Given the different capabilities of local governments across Indonesia in responding to the public health emergency and mobilizing resources, it is possible that centralizing pandemic management at the central government delivers effective decision-making and implementation. On top of that, given COVID-19 is a transboundary issue, a decision made by any of Indonesia's 514 local governments at the district or municipality level has the possibility to cause problems in wider areas and might posit public health and the economy in a more serious condition (Morris, 2021). If this was the reason behind requiring local governments to apply for permission to impose PSBB in respective regions, it is then can be understood as a step to minimize unintended repercussion.

However, after months had been implemented, PSBB intensified the tension between the central government and the local governments. If we look at Government Regulation Number 21 of 2020 concerning PSBB, the central government had the authority over granting PSBB status, while the local government had full discretion over when to start, extend, and what to reopen upon reaching a low number of confirmed cases and deaths situation, and when exactly it would end. Ideally, the local government whose areas were situated within the COVID-19 pandemic epicenters urged to impose PSBB at the same time in order to effectively restricted the movement of people. When Jakarta had been the epicenters, the surrounding areas such as Bogor, Depok, Tangerang, and Bekasi implemented PSBB almost within the same period around mid-April 2020 (Kurniawan, 2020). However, in some areas, that did not happen. For example, the Head of Maros District whose region is part of the epicenter of the pandemic in South Sulawesi Province was reluctant to implement PSBB despite its neighboring cities such as Gowa and Makassar having already imposed it earlier (ibid). In this case, the President had urged the Head of Maros District to implement PSBB (ibid). But, still, the Head of Maros District perceived that it would be ineffective to flatten the curve and its local budget would not be able to provide social

[9] Interview CSO Representative, 2022

assistance to its people (ibid). Regrettably, both MoH nor the Task Force for COVID-19 Response did anything about it (ibid).

Apparently, the dynamic power relationship between the central government and local government has brought some rather justification to replace PSBB with PPKM in the name of more effective and more coordinated measures to bring the chaos under control. With the top-down approach within PPKM, according to Morris (2021), there are two aspects that might help to understand better the reason behind it. First, the President and his ministers, particularly those who are also members of KPCPEN, worried that local leaders tend to apply more public health focus in pandemic management which would ruin the balancing effort of the central government toward economic and health aspects. Second, an embedded mentality within the central bureaucracy perceived that many local governments and their authority lack of capacity to manage problems on their own and still need guidance from the top although decentralization has been implemented over 32 years.

For all reasons above, when COVID-19 meets a lack of institutional infrastructure, failure to notice the urgency to respond quickly in the first three months of the pandemic coupled with power dynamics and conflict of interest, it is high likely to add more wickedness to the problem.

Chapter 6
Conclusion and Recommendation

6.1 Conclusion

This RP tries to investigate how the central government understands the problem and developed solutions under uncertainty, complexity, and a rapidly changing environment within the COVID-19 pandemic. Through the mobility restrictions policy such as PSBB and PPKM, the government attempts to control the situation from becoming worse. Here, I argue that the central government failed to institutionalize past experience in tackling SARS and H5N1 and has missed significant momentum in strengthening its capacity in the of face more uncertainty in the following months. Improving surveillance and the health system cannot be done in a short period of time given the hurdle in mobilizing resources across the archipelago, let alone raising public awareness when some government elites downplayed the situation. Therefore, the central government's initial response to the COVID-19 pandemic was deemed inadequate and unprepared at the expense of people's lives.

From the Task Force to KPCPEN, it is evident that the central government acknowledges that the outbreak has transformed into a pandemic with broader scope affected. Looking back at those ministers assigned to KPCPEN, it is possible that they also play a significant role in the institutional framing that the government's stance in pandemic management was more on saving the economy over public health. Most of these ministers do not possess any professional experience or education in health; therefore, limited understanding of health issues including all aspects that should be considered in tackling public health emergencies. The success of PSBB was even assessed through economic indicators rather than epidemiology status and the number of confirmed cases and deaths. But, when the significant increase in suspected and confirmed COVID-19 cases happened in January 2021, aligning with Morris's (2021) arguments, the government had no other options than imposing stricter measures. It is evident that choosing the economy over public health is no longer effective. Through PPKM, the central government decided to save the economy by protecting public health.

In addition, without adequate institutional infrastructure, the policy actors at the central level encounter hardship in understanding the problem in a comprehensive manner. The availability of data becomes crucial in dealing with the frequently changing situation and invisible enemies such as COVID-19. With limited non-state actor involvement including CSO, experts, and other development partners, it is possible for officials to give non-science-based opinions in the decision-making process, adding more complexity to the search for clarity of the problem and solution. The COVID-19 pandemic also exposed the power dynamic relationship between the central government and regional leaders coupled with interest differentiation between preserving the economy and saving people's lives.

6.2 Recommendation

Encountering the third year of the COVID-19 pandemic with no one knowing when the tunnel ends, the government has learned many things along the way, making some adjustments while trying to recover in many aspects. However, if those learning experiences are not institutionalized and no significant improvement is made in strengthening health security, Indonesia might experience the same level of unpreparedness when dealing with

other public health emergencies in the future. Therefore, I proposed some following recommendations.

1. The central government should overhaul all relevant regulations concerning disaster management, health quarantine, and public health emergencies followed by the immediate improvement in policy infrastructure that supports an integrated and coordinated approach both at central government and local governments.
2. Established the command center for non-natural disasters due to epidemics or global pandemics with authorities that empower them to manage public health emergencies in comprehensive, integrated, and coordinated manners. This is including the authority to solve any dispute that may emerge among relevant government institutions.
3. With the upward trend of emerging or re-emerging infectious diseases, the government should invest more in strengthening health surveillance, data management, and strengthening reference laboratory networks.

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