

Policy Learning and Handling of Covid-19 in Indonesia

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Abstract

This article discusses the policy learning process in managing the Coronavirus Disease 2019 (COVID-19) within Indonesia and asks several questions regarding the policies formulated and implemented, as well as how the government "learns" and handles the pandemic. Furthermore, this study used a qualitative research method supported by literature discourse methods and online interviews, as well as a policy learning theory-based analysis. According to the results, the Indonesian government has learned a lot from other countries, however, the country has been rather slow in anticipating the pandemic, causing a minimal sense of crisis and urgency. In addition, the low level of trust and seriousness in the government has implications for a less harmonious relationship between the center and the regions. Also, the inter-institutional coordination and the inaccuracy of actors in handling the pandemic is an unresolved problem, therefore, the distribution location expands continually and the infection curve never slopes.

Keywords: Policy learning, handling, COVID-19, and policy.

Abstrak

Artikel ini mendiskusikan mengenai proses pembelajaran kebijakan dalam penanganan Coronavirus Disease 2019 (COVID-19) di Indonesia. Terdapat beberapa pertanyaan yang diajukan yakni apakah ada masalah dengan kebijakan yang diformulasi dan diimplementasikan untuk menyelesaikan masalah COVID-19? Jika memang ada, apakah masalah-masalah tersebut? Dan, bagaimana Pemerintah Indonesia “belajar” dari masalah yang sudah diketahuinya untuk menyelesaikan persoalan COVID-19? Untuk mendapat penjelasan atas pertanyaan tersebut maka teori policy learning dimanfaatkan dalam analisis artikel ini. Sementara itu, metode penelitian/penulisan artikel ini dengan menggunakan pendekatan kualitatif yang ditopang oleh metode diskursus literatur dan wawancara dalam jaringan (daring). Temuan utama artikel ini pertama, meskipun Pemerintah Indonesia banyak belajar dari negara lain namun proses antisipasi pandemi COVID-19 lamban sehingga terjadi sense of crisis dan sense of urgency yang minim. Kedua, rendahnya tingkat kepercayaan dan keseriusan pada pemerintah berimplikasi pada hubungan yang kurang harmonis antara pusat dan daerah. Ketiga, koordinasi antar-lembaga dan tidak tepatnya aktor dalam penanganan virus corona menjadi masalah yang hingga saat ini belum dapat diselesaikan. Impaknya, lokasi sebaran terus meluas dan kurva infeksi tidak pernah melandai.

Kata kunci: Pembelajaran Kebijakan; Penanganan; COVID-19; Kebijakan

INTRODUCTION

Over a year and a half ago, a worldwide spread of the COVID-19 virus occurred (Who.int, 2020), and several countries have managed to slow the virus' spread among citizens while some have been unsuccessful in managing the deadly impacts. Numerous countries have been able to flatten the exposure curve, however, the pandemic's second is inevitable. Indonesia is one of the countries currently trying to flatten the proverbial curve because as of August 17, 2020, 139,549 positive cases and 6,150 deaths have been recorded (Covid19.go.id, 2020). This is the second-largest statistic in Southeast Asia, after the Philippines (ourworldindata.org, 2020), and does

not include health workers who died from the virus. A report by the Indonesian Doctors Association (IDI), as of August 16, 2020, 78 doctors had been reported dead (Makdori, 2020).

According to Covid19.go.id (2020), Indonesia has a positive rate, fatality rate, and percentage active cases of 13.1%, 4.4%, 29%, respectively. Statistically, this means each hour 84 people are infected with the COVID-19 virus, while three previously infected people die (starting from the first case recorded in March 2020). Furthermore, the bed occupancy rate (BOR) is increasing rapidly, as the BOR provided is only 37,726 beds, despite the rising cases of infection. The safe BOR is 60%-80% and in Indonesia, this figure is

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currently at 66% (Angga, 2020), implying only a 14% buffer is remaining. Several media outlets, including BBC News Indonesia, have reported critical levels of remaining hospital beds spaces in certain areas, for instance, Papua and West Sulawesi, where only 27 and 71 beds, respectively are left (Bbc.com, 2020).

Based on previous studies, several factors are responsible for the Indonesian health sector's non-optimal performance. Agustino (2020) highlighted three reasons for this non-optimality, including the government's nonchalance in anticipating the virus' spread. At the start of the disease, the government's narrative seemed far from a sense of crisis, consequently, the strategic decision-making in handling the pandemic was slowed down. In addition, there is weak coordination between stakeholders, at the central and local government level, as well as institutions related to health management. This was evident at the pandemic's beginning, where local governments did not follow centralized policies, leading to slowed and excessively structural inter-institutional coordination. Also, the people's disobedience to the government's appeal has exacerbated the situation.

In line with Agustino, (Mietzner, 2020) explained the problem of the Indonesian Government's slow response to the pandemic and showed several causes of these phenomena, for instance, the intertwining of several problems, including policies formulated on a basis other than scientific decisions (science and knowledge). Consequently,

health care became inappropriate while the information conveyed to the public is not based on science and knowledge, leading to misunderstandings about COVID-19. The polarization of support for the government (post-2019 general election) resulted in the polarization of government policies and corruption prevents effective utilization of the budget.

Based on these explanations, the Deep Knowledge Group ranking of Indonesia as the nation with the fourth-worst (97th out of 100 countries) COVID-19 handling (Dkv.global, 2020). This means the government has been rather unsuccessful in managing the pandemic.

Contrary to Agustino (2020b), as well as Mietzner (2020), Wahidah et al. (2020) believed the government's efforts have been rather successful in four ways, and these are promotive, preventive, curative, as well as social safety nets. Interestingly, these successes require participation from citizens. Wahidah et al. (2020) even emphasized government policies, especially Local-Scale Social Restrictions (PSBL) at the neighborhood or hamlet level, and stated the new normal life depended on the community's willingness to obey the policies.

This is strengthened by the report of Putri (2020) where the community was shown to have a significantly decisive role in COVID-19 management. However, according to Putri (2020), besides the community (and the government), health workers also determine the success in handling the pandemic. Furthermore, this study

postulates successful COVID-19 outbreak management requires not only government, health workers, and community involvement, but also another determining factor called policy learning. Therefore, inadequate “learning” skills lead to ineffective policy implementation.

Valerisha & Putra (2020) showed support for this postulation by describing the implementation of social restrictions or lockdowns in countries exposed to COVID-19 is highly significant. Data transparency is also useful for detecting exposed individuals through contact tracing. The crisis response efforts must also be tailor-fitted to the country’s current conditions, to ensure the right policies are implemented, therefore, policy learning is crucial in handling COVID-19.

Policy learning is defined as a learning process from data, information, and experiences of policy actors, leading to modified views, thoughts, and references in the understanding of existing phenomena or policies (Dunlop & Radaelli, 2018; Moyson et al., 2017) . This is not a novel study because this theory has been developed and discussed by several public policy experts in the past.

For instance, the report by Deutsch (1963), where terms other than policy learning but with similar were used. Deutsch simply described policies or regulations formulated by policy actors as outputs of the learning process, development, as well as placement of the lawmakers’ rationality, and these are then translated into regulations.

This means regulations (at the executive and legislative levels) are the result of the learning process of makers based on the feedback (data, information, as well as new experiences) and steering (new interests and changes) received. Regarding health, numerous countries make the most excellent decisions by applying a policy learning approach, for instance, during the HIV/AIDS and Ebola epidemics.

Hecló (1974), another policy expert-defined policy learning as the creative process decision-makers use to process various data and information obtained from understanding, imitating, or even replicating regulations used by other parties to solve problems or minimize uncertainties. This is, therefore, the result of policy actors' effort to be creative in formulating regulations to understand new problems or even replicate these problems from other regions where the condition has been experienced. Policy learning is also termed as an incremental model in policy formulation (Agustino, 2020a, p. 118) and was defined by Birkland (2007) as an incremental policy change influenced by knowledge and beliefs. Every community changes continually and always coincides with uncertainty, therefore, policy actors required increased knowledge (by learning and interacting with the world community) as provisions in the policy formulation process, because increased knowledge has implications for confidence in decision making. This is not only useful

in broadening one's horizons but also in strengthening confidence in determining the direction of policies to be decided. Therefore, the emphasis on incremental policy change from Birkland (2007) is a continuous learning process (through trial and error) because there is no ultimate guide to future uncertainty that can be used.

In addition, Moyson et al. (2017) explained policy learning leads to three outcomes. Firstly, this is only a single factor contributing to the policy-making process, and is, consequently, not the ultimate solution. Therefore, policy content is not only determined by the learning process and the strong understanding and belief of policy actors within but is also influenced by other variables, including influencing interests, budget availability, human resource or apparatus capability, completeness as well as the adequacy of the information. Furthermore, policy learning includes a broad learning process involving learning at the micro, mezzo, and macro levels focused on not only data, information, and models, but also on values, norms, beliefs, and preferences. The coverage range is a challenge for policy actors required to make decisions rapidly. Also, individual learning is bound to produce a different output during collective formulation, due to differences in understanding, experience, rationality, and other aspects. Therefore, regulations are produced through policy learning do not always produce satisfactory results, due

to numerous elements and variables influencing.

Consequently, Dunlop & Radaelli (2018) stated three requirements to make policy learning more applicative and contextual, including the need for policy actors to be updated on through increased understanding and experience because policy learning pertains to the origination of knowledge from these experiences, analysis, and social interaction (Dunlop & Radaelli, 2018, p. 257). This learning process involves various possible channels including epistemes (intense interaction with decision-makers), reflection, bargaining, and hierarchies. Furthermore, policy actors are bound to always face a learning process triggered by situations where learning (triggers) is inevitable to avoid hindrances due to certain situations, therefore, these triggers must be discovered.

In policy learning, there are always two opposites, meaning actors learn a lot due to triggering factors (social change, economy, even health), but are often hindered by political culture, traditions, and rules. Finally, the actors must be able to identify dysfunctional learning processes, meaning policies suitable for implementation in certain areas may be unsuitable for other areas. This is strongly influenced by numerous factors, including applicable norms, as well as differences in plurality, accountability, and legitimacy. Therefore, "policy learning" must also pay attention to the learning process' negative impacts especially in cases where there is a conflict with the

community or region's acceptable practices.

Based on this description, this study is significant, particularly regarding the learning process of Indonesian policy actors (decision-makers) in managing the COVID-19 pandemic, because every country, including Indonesia, learns from the successful policies formulated and implemented by countries to flatten the virus' exposure curve. This assumes the policy learning efforts in handling COVID-19 are not always successful (see Discussion and Analysis).

The cognitive understanding result of actors (obtained through a learning process and experience) causes policy learning to be non-optimal in solving problems (Dunlop & Radaelli, 2018; Moyson et al., 2017). Furthermore, understanding the policy learning of actors in COVID-19 management is significant and necessary to explain the thought construction of policy actors (in this case, the government) in managing the pandemic, especially in Indonesia, therefore, this is a novel study.

METHODS

This study used a qualitative approach utilizing more literature discourse methods than direct interviews, due to the pandemic. Therefore, the best form of interviews was online, either through Zoom, GoogleMeet (GMeet), or WhatsApp Video Call (VC WA). The respondents were selected purposively based on capabilities and knowledge of the interview questions. Furthermore, data were also collected through literature discourse, defined in this context as a

way to understand the policy learning of actors through reported narratives, as well as formulated and implemented regulations. Therefore, media coverage (conventional and online) was another data source, in addition to journals, documents, and regulations (Furst et al., 2016; Gottweis, 2007). The three meeting points (narrative, formulation, and implementation) are the most significant aspects of understanding policy learning in the complex 4.0 era. (Daviter, 2019).

RESULTS AND DISCUSSION

a. Lesson 1: Government Regulation

The first policy learning deals with regulations, actors, and institutions. The Indonesian government "realized" the need to rapidly manage the virus' spread, and subsequently formulated several strategic policies. On March 13, 2020, the Government issued Presidential Decree (Keppres) Number 7 of 2020 concerning the Task Force for the Acceleration of Handling COVID-19 in a bid to increase national resilience in the health sector, accelerate the pandemic's handling through synergies between ministries/agencies and local governments, increase the anticipation of developments in the escalation of the virus', increase the synergy of operational policy-making, as well as the readiness and capability in COVID-19 prevention, detection and response (Article 3). The task force's chief executive is the head of the National Disaster Management Agency (BNPB) and is assisted by two deputy chairmen:

the Operations Assistant to the National Army Commander and the Operations Assistant to the National Police Chief. To accelerate the pandemic's handling, on July 20, 2020, the government issued Presidential Regulation (Perpres) Number 82 of 2020 concerning the Committee for Handling COVID-19 and National Economic Recovery (KPC PEN) saddled with a broader task, compared to the Task Force for the Acceleration of Handling COVID-19.

To strengthen this policy, the government also issued Presidential Instruction Number 4 of 2020 concerning Refocusing on Budget Re-allocation Activities and the Procurement of Goods and Services, aimed at making the "budget movement" flexible to ensure the task force's duties can be rapidly performed and enable synergy with ministries/agencies as well as local governments. This instruction also aims to accelerate the implementation of the procurement of goods and services for handling COVID-19 in Indonesia and was further strengthened by the government issued Regulation in place of Law (Perppu) Number 1 of 2020 concerning State Financial Policy and Financial System Stability for Handling the COVID-19 Pandemic, as well as Facing Threats Endangering the National Economy and/or Financial System Stability. This Perppu became the basis for alterations, in this case, adding the 2020 state budget for managing the virus, however, the

budget absorption was not optimal due to weak priorities for budget utilization.

In addition, to ensure the existence of health facilities with the capacity to support the implementation of the virus' handling policies, the government issued Presidential Regulation (Perpres) Number 52 of 2020 concerning Construction of Observation and Shelter Facilities in Combating COVID-19 or Emerging Infectious Diseases on Galang Island, Batam City, Riau Islands Province. According to this regulation, certain organizations, particularly the government are authorized to use emergency facilities or hospitals to screen returnees from other countries. The government also contemplated the return of asymptomatic people (OTG) from abroad, whether Indonesian workers (TKI), citizens returning from vacation, or tourists, particularly as several citizens have returned from vacation to countries where COVID-19 cases have been reported. This lesson was certainly learned from countries where lockdown was first implemented.

Another equally important regulation is Presidential Decree (Keppres) Number 11 of 2020 concerning the Establishment of a COVID-19 Public Health Emergency, to announce the country's state of emergency to enable all government personnel and other elements to combine forces to manage the situation. To handle, as well as overcome the pandemic, the government has taken the liberty to implement Large-Scale

Social Restrictions (PSBB) and these are different from isolation or lockdown. The PSBB was instituted through Government Regulation (PP) Number 21 of 2020 concerning Large-Scale Social Restrictions (PSBB) in the Context of Accelerating Handling of COVID-19, and this must be implemented by the government with the Minister of Health's (Menkes) approval. The basis for implementing the PSBB in the regions is determined by two criteria: a significant or rapid rise in the number of cases or deaths due to COVID-19 and the existence of an epidemiological link with similar events in other regions or countries.

Based on this description, the study by Moyson et al. (2017) is relevant because the policy learning process aims to reduce the level of errors or mistakes made by policymakers. Learning about handling COVID-19 from other countries eliminates the need for trial and error (Dunlop & Radaelli, 2018). However, in Indonesia, the handling efforts are rather non-optimal because the rate of exposure was high even at the end of 2020.

Regarding the PSBB aimed at reducing human mobility, the government prohibited physical learning, as well as religious activities, tourist visits, closed several non-essential markets, and made certain hashtags viral, for instance, #stayathome, #workfromhome, #at home. This restriction was implemented to control the virus' spread, but was,

however, not immediately followed in all regions. Furthermore, several areas implemented lockdowns and other restriction models, including Tegal City, where the Mayor of Tegal implemented a lockdown, isolating the city from inter- and intra-regional migrations, to minimize the virus' spread within the city. The Tegal City Government regarded the central government's PSBB as rather impossible and unable to control the virus' spread in Tegal City. Also, the Semarang City government rejected the implementation of PSBB and used an indigenous method called *Jogo Tonggo*, a community-based corona transmission prevention movement. Similarly, Bali province, as the country's largest tourism destination, refused to apply PSBB. Unfortunately, this regulation was formulated and implemented rather late because the Indonesian government initially did not prioritize anticipating and preparing for handling COVID-19. This lack of responsiveness was seen by the local government as a lack of sense of urgency, therefore, several regional heads were forced to take the initiative. However, this is opposed to Law Number 6 of 2018 concerning Health Quarantine, where Article 5 Paragraph (1) states "The Central Government is responsible for implementing Health Quarantine at the Entrance and Areas in an integrated manner." Furthermore, Article 11 Paragraph (1) states "The implementation of Health Quarantine

during Public Health Emergencies is carried out by the Central Government". This implies the role of local governments is only to be "followers" or to play an active role in cases where central government permits (Article 5 Paragraph (2)). This was debated by the local governments, where health problems were the concurrent business. Therefore, to prevent a prolonged polemic situation, despite the need for synergy between these two layers of government, the central government issued Presidential Decree (Keppres) Number 12 of 2020 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (COVID-19) as a National Disaster, indicating local government involvement is more optimal. The third mandate of the Presidential Decree states "Governors, regents, and mayors as Chair of the Task Force for the Acceleration of Handling Corona Virus Disease 2019 (COVID-19) in respective regions must pay attention to the Central Government's policies while setting policies. The implications of this slowness in the formulation of various policies reflect the government's weak responsiveness and capacity in handling the pandemic (see section b).

b. Lesson 2: The Government's Responsiveness and Seriousness

Numerous studies have shown the Indonesian Government's responsiveness to the spread of COVID-19 is slow (Agustino, 2020b; Mietzner,

2020; Soderborg & Muhtadi, 2020). This is supported by the government's lack of seriousness in anticipating the virus' spread in Indonesia while numerous other countries had begun the fight against the pandemic. The government's narrative seemed to be unbothered about the health of Indonesian citizens, and was, therefore, considered to have no sense of crisis. For instance, the Minister of Health (Menkes), Terawan Agus Putranto, asked the public to "just enjoy it and not panic about the spread", while the Coordinating Minister for the Economy, Airlangga Hartarto, said the country was impenetrable to COVID-19 because the "permits" were complicated. In addition, the Minister of Transportation, Budi Karya Sumadi, stated Indonesians are "immune" to COVID-19 due to regularly eating "cat rice." These narratives show the government elite's unresponsiveness during the pandemic, while other countries took anticipatory steps, for instance, South Korea implemented a lockdown, carried out massive PCR tests, stopped physical learning activities, and closed all markets and malls (Kim, 2020).

The government's unresponsiveness is also evident in the plan to disburse funds for tourism promotion because numerous foreign tourist destinations had prohibited entry of foreign tourists to prevent the virus' spread. This was considered a great opportunity to attract foreign

tourists unable to travel to lockdown countries, and generate revenue through this promotional incentive. Generous incentives of about IDR 298.5 billion were planned to be disbursed by the government for this purpose, and this comprised subsidized flight ticket discounts of IDR 98.5 billion, promotion budget of IDR 103 billion, tourism activities of IDR 25 billion, and influencers services of IDR 72 billion to promote Indonesia (Sani, 2020) and "calm" the community over the dangers of COVID-19. This promotional step is dangerous and bound to accelerate the virus' spread, and was, therefore, postponed after receiving harsh criticism from various circles of society.

As of early March 2020, no policy had been implemented by the Government to deal with COVID-19 and by this time, WHO had already declared a pandemic status. On March 13, 2020; Presidential Decree (Keppres) Number 7 of 2020 concerning the Task Force for the Acceleration of Handling COVID-19 was issued. This was published because the government's awareness through policy learning on the pandemic's global impacts was increasing continually, including the number of deaths. However, this policy was rather late because 69 cases and 4 deaths had already been recorded as of March 13 (Covid19.go.id, 2020). In early February 2020, an epidemiologist from Harvard University (Harvard TH. Chan School of Public Health), Professor Marc Lipsitch, stated the COVID-19 had spread in

Indonesia because foreign visitors probably carrying the virus had free entry access. Therefore, Professor Lipsitch believed the Indonesian government had failed to detect the virus' "arrival" (Putri, 2020). Unfortunately, Professor Lipsitch's research on virus migration between countries. However, the Minister of Health opposed this theory and asked for evidence of the virus' presence in the country.

This shows Indonesia has a fragmented policy learning process, where the government follows the examples of other countries in handling the pandemic, but at the same time, several government elites refuse input from outside parties despite the scientific basis. Therefore, Mietzner (2020) regarded the behavior of this government elite as anti-science.

This anti-science attitude and behavior also showed the government's lack of seriousness in dealing with COVID-19, for instance, the Minister of Agriculture (Mentan), Syahrul Yasin Limpo, introduced the "anti-coronavirus necklace" produced by the Agricultural Research and Development Agency (Balitbangtan) in July 2020. This comprised mainly eucalyptus extract and was speculated by Syahrul to be able to kill the COVID-19 up to 80%, provided the necklace is used within 30 minutes after exposure (Prabowo, 2020). This statement is highly misleading because the WHO did not announce any vaccine or anti-COVID-19

drug before August 2020. Similarly, General Andika Perkasa (current Deputy Chair of the Committee for COVID-19 Handling and National Economic Recovery (PEN)) misled the public to believe Indonesia had succeeded in creating the world's first COVID-19 vaccine on 15 August 2020 (cnnindonesia.com, 2020). Meanwhile, clinical productions of vaccines, particularly novel vaccines, require several stages and strict protocols. This (joint production between Airlangga University (Unair), the Indonesian Army (TNI AD), and the State Intelligence Agency (BIN)) was never registered with WHO as a vaccine to be researched and developed by the agency in collaboration with an antidote to the virus. Therefore, the vaccine's development and production are questionable because the stages of research, as well as clinical trials, did not involve the World Health Organization.

The involvement of world health institutions is mandatory in vaccine production because close supervision is required through a long process with appropriate research and development procedures, as well as protocols before the validity can be justified scientifically. This situation shows the Indonesian government is serious about producing a COVID-19 vaccine, but the efforts to carry out research and development protocols are not optimal. Consequently, the vaccine produced in collaboration between Airlangga University, TNI AD (Indonesian Army),

and BIN (National Intelligence Service) is not considered by the world community as a COVID-19 vaccine due to inadequate supervision of research and development, and the absence of the WHO's involvement, as well as clinical trials, making the third phase procedure unfulfilled. This shows the government's policy learning process is rather fragmented because the government attempts to learn from cases in other countries and formulate policies to anticipate the virus' spread but uses unethical methods in cases where the procedures or steps are difficult to implement.

c. Lesson 3: Actors and Institutions

This third policy lesson is focused on implementing and institutional actors. About both the Presidential Decree No. 7 of 2020 and Presidential Regulation No. 8 of 2020, the officers are not empowered to handle and resolve the COVID-19 pandemic. Therefore, individuals with broader health experiences are naturally preferred. Also, the government does not engage epidemiologists in the COVID-19 Task Force and Committee for Handling COVID-19 and PEN, except military and police personnel in central positions. The chairman of the Task Force for the Acceleration of Handling COVID-19 is a lieutenant general (Letjend. Doni Monardo) and is assisted by two major generals (Assistant to Operations for the Army Commander and Operations, Assistant to Indonesia's Chief of Police). These officers do not possess any comprehensive health qualification or

experience. In other institutions, a slight similarity is observed where the Chief Executive of the COVID-19 Handling Committee and National Economic Recovery (PEN) is an entrepreneur (as well as the Minister of State-Owned Enterprises, BUMN), assisted by the Chief of Army Staff (KSAD), General Andika Perkasa as deputy chairman and Commissioner General Gatot Eddy Pramono (Wakapolri) as Deputy Chief Executive II. Furthermore, a lieutenant general (retired) was subsequently appointed the Health Minister in Joko Widodo's cabinet

Institutionally, the appointment of actors in the Task Force for the Acceleration of Handling COVID-19 does not pose any significant challenge. This selection, however, varied in the Corona Virus Disease 2019 (COVID-19) Handling Committee and National Economic Recovery. Multiple sources attributed the situation to the equal rank of lieutenant general possessed by both Chairmen of the COVID-19 Handling Committee and PEN as well as the Task Force for the Acceleration of Handling COVID-19. Among the military elite, a four-star general ought not to serve as a "subordinate" to a lieutenant general, despite being the committee's chairman. This problem was observed during President Joko Widodo's visit to Bandung with the Chair of the COVID-19 Handling Committee and PEN, Erick Thohir, to conduct direct monitoring of the COVID-19 vaccine trial produced by Sinovac (China), although the visit was not attended by Andika Perkasa. The COVID-19 management in Indonesia appears effective under institutional

polemics and problems. Therefore, Erick appointed the Deputy Chief of the National Police, General Gatot Eddy Pramono, as Deputy Chief Executive II. Erick tends to be more comfortable working with Gatot, compared to Andika that was chosen by the president.

Members of both the Task Force and the COVID-19 Handling Committee, do not possess any professional health education, and therefore, are unequipped to perform optimally. The visible impact is that the absorption capacity of the program budget appears very minimal. Despite the budgeted IDR 695 trillion by the central government, only 20% of the funds (IDR 141 trillion) were absorbed since the beginning of August (Bayu, 2020). Furthermore, the poor coordination and determination of work priorities posed an additional weakness to both institutions. For instance, the role of the Task Force appears to only serve as the government's mouthpiece in reporting the news on the number of infected persons, death rates, and also recovery cases, as if no strategic task has been conducted because the COVID-19 Handling Committee had covered significant grounds. This institutional confusion is similar in the case of the Presidential Staff Office (KSP), the Presidential Advisory Council (Watimpres), and the National Resilience Council (Wantannas), both providing strategic inputs. A particular assignment is conducted by the three agencies, as related to COVID-19 management (1 job performed by 2 institutions).

Poor inter-institutional coordination is also another institutional problem that includes the provision of personal protective equipment (PPE). These safety materials tend to disappear during circulation, resulting in the use of plastic raincoats as alternatives. As a consequence, several deaths have been reported among health workers. According to the Indonesian Doctors' Association (IDI), the condition demonstrated a high vulnerability to the virus infection. Previous papers attributed insufficient PPE as the major cause of death among these health workers (Nugroho, 2020). Another significant concern relates to the use of rapid test antibody methods to examine an individual's reactivity or non-reactivity to COVID-19, in place of a swab test (or PCR, polymerase chains reaction). In a previous analysis where the government tends to utilize the funds that are not optimally absorbed, these resources are better directed to subsidies for massive community testing. The benefits appear more significant in preventing the virus from spread across Indonesia. However, based on online informants, the vast use of rapid antibody tests in the past five months is commonly due to the excess storage of the test kits by the government, as the supplies tend to become redundant in the eventual switch to swab tests. These are part of the reasons why the Deep Knowledge Group (analytics.dkv.global, 2020; Dkv.global, 2020) an international non-profit organization that conducts studies on the handling of COVID-19 in various countries, ranked Indonesia as

97 out of 100 countries. Under optimized performance and institutional management, the COVID-19 pandemic is possibly tackled from the initial stage.

The coordination flaws were also apparent during the presidential invite to several artists and influencers regarding the promotion of healthy living in the fight against COVID-19. These efforts were expected to be within the functions of the two institutions earlier formed by the government. Instead of demonstrating a positive impact, diverse misconceptions were known to occur. A typical instance involves the promotion of the "anti-coronavirus necklace" by several artists, including Yuni Shara, Iis Dahlia. The production was sponsored by the Research and Development Center of the Ministry of Agriculture (Balitbangtan). The confusing component is on the necklace's efficacy in "killing the virus" in few minutes, despite the global inability in producing anti-corona drugs or vaccines. Logically, the necklace appears inefficient in curbing the COVID-19 spread. However, certain persons tend to apply the material, without heeding to the basic prevention protocols, due to the endorsement by several artists and influencers.

Further institutional challenges also emerged as the Airlangga University, the Indonesian Army (TNI AD), and BIN proclaimed the successful development of the world's first COVID-19 vaccine (cnnindonesia.com, 2020). These bodies are not under the control of the Task Force or the COVID-19 Handling

Committee and PEN, based on an institutional perspective. Therefore, the efforts appeared very uncoordinated as various organs in the country are optimized. In addition, a significant mistake of these three institutions is that, until the end of last July, only six vaccine developers had reached phase 3 (vaccine development) under WHO supervision, and none from Indonesia. These researcher centers include the University of Oxford/AstraZeneca (UK), Sinovac (China), Wuhan Institute of Biological Products/Sinopharm (China), Beijing Institute of Biological Products/Sinopharm (China), Moderna/NIAID (United States), and BioNTech/Fosun Pharma/Pfizer (United States) (WHO, 2020).

Misplacement of actors, institutional weaknesses, to excessive claims related to the production of drugs or COVID-19 vaccines is far from the policy learning process discussed in this research. Additionally, the Indonesian government failed to learn from other countries, in terms of reducing the exposure curve or infection rate. As a consequence, the nation is currently faced with the inability to stop the virus spread. This circumstance, therefore, causes the undetectable infection peak.

CONCLUSION

Based on the results and discussion, the present research reported four factors contributing to the inadequate performance and optimal handling of COVID-19 in Indonesia. First, the government lacks a sense of crisis and urgency, and therefore the exposure

curve never decreases until the end of 2020. Second, the impact of the gradual formulation and implementation of policies for COVID-19 management has instigated a negative perception, where the public considers the government efforts in resolving the pandemic as unresponsive and unserious. Third, in terms of actors and institutions, the Indonesian government appears to have lost its rationality. The majority of the field agents do not possess a professional health education but have a military background. Fourth, weak inter-institutional coordination or synergy was observed.

Based on the above findings and descriptions, the government's inability to formulate swift and accurate policies showed a severe impact on COVID-19 handling in Indonesia. As earlier discussed, policy learning serves as a means for decision-making and policy formulation aimed at minimizing possible errors. Therefore, by learning from the strategies of several countries, the Indonesian government is expected to be more responsive. Unfortunately, the present research expounded on the negligence of the Indonesian government in implementing the policy learning model to resolve the COVID-19 pandemic.

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