

The Barriers of Policy Implementation of Handling Covid-19 Pandemic in Indonesia

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Abstract: *The study aims to describe and analyze the implementation of policies for handling Covid-19 and its obstacles. The review uses qualitative methods with data collection techniques based on literature studies sourced from journals, online media and print media, reports from agencies, survey results, and expert input in focus group discussions. The study found that policy implementation was less than optimal due to the slow response of the Government at the beginning of the pandemic, causing the policy to handle Covid-19 to be late, inconsistencies in policies to restrict activities across countries, and procedures made it difficult for local governments to propose the implementation of large-scale social restrictions in their areas. Barriers to policy implementation include bureaucratic, structural constraints, the sub-optimal organizational performance of the Covid-19 Task Force in the regions; weak coordination between central and regional governments; unsynchronized regulations between ministries. Second, barriers to public communication, namely misalignment of statements between public officials, invalid socialization, and weak efforts to overcome misinformation and fake news from Covid-19. Resource constraints, limited health personnel, personal protective equipment, medical masks, expensive Covid-19 test costs, and unequal laboratory availability. Furthermore, not all local governments are obedient to implementing the Covid-19 handling policy and the low level of citizen compliance in the disposition aspect. Finally, government officials have not adopted a crisis leadership style for swift and decisive decision-making and action. The recommendations proposed are increasing the role of the Ministry of the interior in improving central and regional coordination, synchronizing regulations between ministries, as well as revising rules regarding the formation of a Covid-19 Handling Task Force, preparing officers and completeness of personal protective equipment as well as the availability of medical masks, and ensuring affordability of test prices Covid-19 for residents. Law enforcement regarding the spread of fake news and citizen non-compliance by establishing local regulations that impose sanctions.*

Keywords: *Policy Implementation, Barriers, Handling Covid-19.*

1. INTRODUCTION

Since the end of 2019, countries around the world have faced a massive spread of Covid-19. The Government responds to the Covid-19 pandemic by mitigating the pandemic's spread and reducing cases of infection and death (Kavaliunas et al., 2020). However, there are

indications that Indonesia is failing in implementing both strategies. Death and infection cases have experienced a significant increase from March 2020 to December 2020 and even increased drastically, namely 128,795 cases in November to 204,315 cases of infection in December 2020. The number of deaths from 3076 deaths in November to 5193 in December 2020 (Covid-19 Task Force, 2020), as presented in Figure 1. Indonesia occupies the top spot for the highest Southeast Asia region (Wordmeter.info, December 30, 2020).

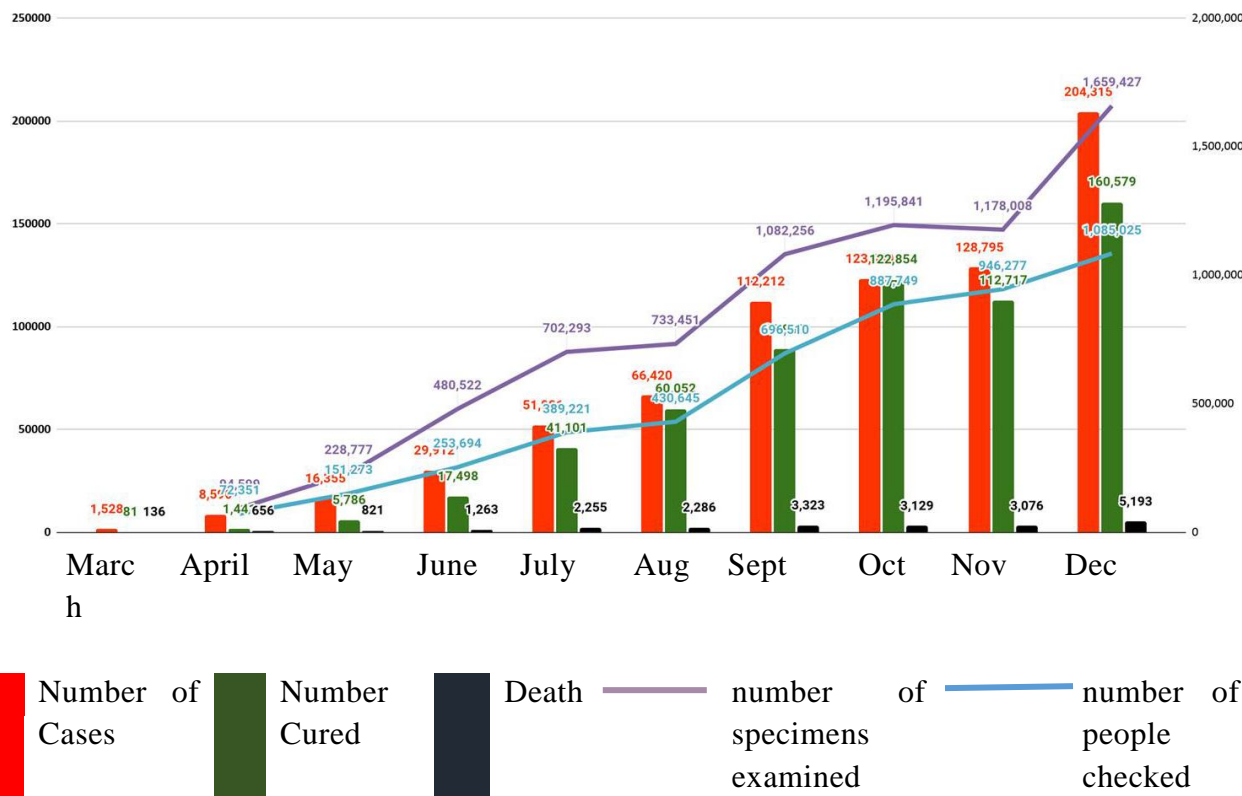


Figure 1. Development of Covid-19 Cases Per Month (March 2 - December 30, 2020)

Source: National Covid-19 Handling Task Force, December 30, 2020

The increase in the number of infection and death cases shows that Indonesia is experiencing a policy crisis for handling Covid-19 (Japan Times, October 10, 2020). Of course, this situation is very worrying for the safety and future of the Indonesian people, given its impact on various aspects of life. For example, in the economic sector, a pandemic has caused unemployment to rise sharply, the value of the Rupiah against the US dollar has decreased, the prices of necessities have increased, and the importance of exports has decreased (Nurhanisah, 2020). The pandemic also had a severe impact on the performance of small and medium-sized businesses, which reported 56 % experienced a decline in product sales, 22 % had difficulties in financing, 15 % experienced problems in distributing goods, and 4 % experienced issues in raw materials (Rahman, 2020)

Criticisms of the policy of handling Covid-19, including 1. The absence and unclear government information at the beginning of the pandemic have created a panic situation in the community, so that various parties take independent steps that not entirely based on accurate data, for example, the action of buying goods in supermarkets, hoarding and buying masks, buying disinfectant liquid (Kompas, March 9, 2020) 2. Chaotic policy on area closure, fragmentation of the central government, and regional governments' policies when

implementing closing areas. On the one hand, the Regional Government considers the Central Government to be slow in responding to the pandemic. On the other hand, the Central Government believes that the Regional Government is "looking for a stage" for the interests of the 2020 Pilkada (Chadijah, 2020). 3. Confused social assistance policies for residents (detikNews, April 26, 2020). 4. Data are not synchronized; for example, data on the poor has caused many problems in the distribution of Covid-19 pandemic assistance (detikNews, April 26, 2020).

The formulations of the study problems are 1. How is the implementation of government policies in handling Covid-19? 2. What are the factors inhibiting the performance of the Covid-19 handling policy? 3. What are the right steps to improve the effectiveness of procedures to handle the Covid-19 pandemic?.

2. LITERATURE REVIEW

The conceptual basis used is public policy. Many experts put forward the definition of public policy. Still, in this study, researchers use the purpose of public policy according to Dye (2013), namely, public policy as whatever Government chooses to do or not to do (whatever the Government decides to do or not to do). This concept implies that the Government is silent on an issue or problem is also a public policy. The meaning of implementation refers to Van Meter and Van Horn (1975). They define performance as "those actions by public or private individuals (or groups) that directed at the achievement of objectives outlined in prior policy decision (actions taken either by individuals/officials or government or private groups that are directed at achieving the goals outlined in the policy decision.

There are various models of public policy implementation, according to experts. Based on suitability considerations with the objectives of this study, the authors chose a policy implementation model, according to Edwards (2016). This policy implementation model is used to analyze policies for handling the Covid-19 pandemic. There are 4 (four) variables to analyze policy implementation, namely: bureaucratic structure (bureaucratic structure); Communications (communications), resources (resources), and attitudes (dispositions or attitudes).

The study combines the policy implementation model with WHO's guidelines for the Government to overcome the Covid-19 pandemic crisis (WHO, 2010: 28-30) includes the following aspects: 1. Planning and coordination (can see the level of preparedness of a country based on good leadership and cross-sector coordination in responding to a pandemic. How can integrate a country's policies into the framework of national emergency preparedness). 2. Monitoring and assessment of the situation (closely related to not only the availability of data and information regarding the characteristics of a pandemic but how this data and information can be used to formulate a more effective response, 3. Prevention of the spread of disease (policies impacting individuals/households, communities, to restrictions on cross-border activities.) 4. Health care sustainability (related to the readiness of health facilities and services, including the availability of medical personnel) 5. Public communication (the Government's ability to provide adequate information by adhering to openness, urgency, and accuracy so that the public is well informed and makes the right decisions.

In a crisis, leadership is needed for quick and measured decision making. Several experts mentioned the importance of leadership during a pandemic crisis, including Lee et al. (2020.) said that the quality of a leader can be seen when facing a problem, how leaders make decisions (decision making) that are fast, firm, and precise, and are followed by members and their people, and the impact of these decisions. Farazmand (2009) also states that strong leadership in crises is needed to provide clear crisis management directions and foster public confidence in the system developed to get through the situation. Strong leadership is shown by the courage to make decisions in emergency times based on robust analysis of the dynamics that develop rapidly based on knowledge relevant to the crisis's character. Meanwhile, the right leadership style during a pandemic, according to Fernandez and Shaw (2020). First, utilizing servant leadership (Servant Leadership) emphasizes empowerment, involvement, and collaboration. Second, leaders must distribute leadership responsibility to a network of teams throughout the organization to improve the quality of decisions made in crisis resolution. And third, leaders must communicate clearly and frequently to all stakeholders through various communication channels.



Figure 2. The flow of Mind for Evaluating the Implementation of Covid-19 Handling Policies

3. METHODS

A qualitative approach is used to explore social or humanitarian problems (Creswell, 2013). The study explores policies for handling the Covid-19 pandemic in Indonesia. Data collection uses literary studies sourced from scientific journals, online media, print media, reports from government agencies, and survey results from several institutions. A Focus Group Discussion was conducted to support the literature study, which involved experts from government and university elements. The focus of the FGD was to obtain an explanation of the crucial issues for implementing government policies for handling Covid-19 and to analyze the factors that

hinder policy implementation in aspects (1) structure, (2) communication, (3) resources, (4) disposition, as well parts of leadership. The analysis technique used is descriptive qualitative.

4. RESULT AND DISCUSSION

1. Issues of the Implementation of Covid-19 Handling Policies

The main issue is the slow response in the early handling of the Covid-19 pandemic. Indonesian government officials have been slow to respond to the Covid-19 pandemic. First, Caizing (2020) stated when the Covid 19 pandemic first appeared in Wuhan, China. The Chinese Government announced the closure of Wuhan City. Fear of Wuhan City's lockdown, an estimated five million Wuhan residents, fled, so began a massive spread of the virus worldwide, which has caused various economic, social, cultural, and security problems. The government's response in each country varies, some are slow, and some are agile and responsive to the Covid-19 outbreak. Unfortunately, the Government of Indonesia is relatively slow when compared to the Governments of Taiwan and Vietnam. For example, the Taiwanese Government quickly detected a Covid-19 case on January 20, 2020, Vietnam on January 23, 2020, while Indonesia only detected the first Covid case on March 2, 2020, or about two months after the virus spread in Wuhan.

Table 1 Response to the Detection of Covid-19 Cases by the Governments of Taiwan, Vietnam and Indonesia

Aspect	Taiwan	Vietnam	Indonesia
The first case detection	20 January - 2020	23 January - 2020	2 March 2020

Handling a pandemic at an early stage shows that it is not severe, so there is no adequate anticipation system when the outbreak has not spread. This is demonstrated by government officials' comments, who seem to ignore the threat of an epidemic and the absence of national standards to manage a pandemic situation (Mas'ud and Winanti, 2020). Even as of early February 2020, the Indonesian Government did not appear to have a "sense of crisis." This was exacerbated by "Anti Science" statements, as stated by government officials in Table 1.

Table 2. Statements of Government Officials Underestimating the Covid-19 Pandemic

Date	Government officials	Statement
January 27, 2020	Minister of Health Terawan Agus Putranto	Coronavirus prevention is by not panicking, and being anxious, eating in moderation.
February 7, 2020	Coordinating Minister for Political and Security Affairs (Menko Polhukam) Mahfud MD	Indonesia is the only large country in Asia that has not had a positive coronavirus case.
February 11, 2020	Minister of Health Terawan Agus Putranto	He discredited the Harvard T. H. Chan School of Public Health research.
February 15, 2020	Coordinating Minister for the Economy Airlangga	Coronavirus cannot enter Indonesia because of complicated licensing.

	Hartarto, quoted by the Coordinating Minister for Political, Legal and Security Affairs Mahfud MD	
February 17, 2020	Minister of Transportation Budi Karya Sumadi	There is no coronavirus in Indonesia because people are immune because they like to eat cat rice.
February 24	Secretary of the Directorate General of P2P Ministry of Health, Achmad Yurianto	Japanese citizens who tested positive for the SARS Cov-2 virus after returning from a trip to Indonesia were not cases of Covid 19. SARS Cov-2 is different from Covid-19. Even though Covid 19 is the disease's name, the virus that causes it is named SARS Cov-2 by the International Committee on Virus Taxonomy (ICTV).
February 26, 2020	Vice President Maruf Amin	The Coronavirus does not dare to come to Indonesia because of the prayers of the ulama's (<i>qunut and istigasah</i>)
February 29, 2020	Main Expert Staff to the Presidential Staff, Ali Mochtar Ngabalin	There is no Coronavirus in Indonesia because the virus does not thrive in tropical countries.

Source: Khairil Embankment (2020)

Although not all of the Government's response until February 2020 underestimated the issue of COVID-19. On January 27, 2020, the Ministry of Health announced that it had installed 195 thermal scanners at 135 national entrances and prepared 100 hospitals to treat patients identified or infected with the Coronavirus. On January 31, 2020, the Ministry of Health also announced that it had instructed hospitals to prepare isolation rooms since early January. Then, on February 2, 2020, the Government evacuated 238 Indonesian citizens from Wuhan, China, and quarantined them in Natuna for 14 days. Then On February 2, 2020, the Ministry of Foreign Affairs announced that it had decided to close access to and from China starting February 5, 2020. On February 5, 2020, the Ministry of Law and Human Rights issued a ministerial regulation regarding the temporary suspension of visa-free for China. On February 7, 2020, the Ministry of Manpower announced that it had asked Indonesian migrant worker placement companies to stop placing workers in mainland China (Khairil, 2020).

In contrast to Indonesia, Taiwan and Vietnam's rapid reaction to inhibiting the spread of the virus has produced significant results, as proven by October 30, 2020, the two countries were able to curb the rate of infection and death due to Covid19, while Indonesia still has to struggle to keep the curve of disease and death cases at bay (Table 2).

Table 3. Comparison of Infections and Deaths in Taiwan, Vietnam, and Indonesia

No.	Country	Case			
		Total Cases	Deaths	Total Cases / 1 million population	Total Death / 1 million population
1	Taiwan	554	7	23	0,3
2	Vietnam	1177	35	12	0,4
3	Indonesia	406.945	13.782	1483	50

Source: Worldometer, October 30, 2020.

The neglect shown by government officials has caused the Golden moment's loss to create an early detection and prevention system for outbreaks, as was done by Taiwan and Vietnam. As a consequence of the slow response to the Covid-19 pandemic, the Government issued 10 (ten) policies in just a month to overcome problems in the fields of public health, social, state finance, authority, and politics in the government bureaucracy (Mas'ud and Widaningrum, 2020), namely: (1) Presidential Decree (Keppres) Number 7 of 2020 concerning Task Force for the Acceleration of Handling Covid-19 dated March 13, 2020. (2) Presidential Decree Number 9 of 2020 concerning Amendments to Presidential Decree No.7 of 2020, dated March 20, 2020. (3) Presidential Instruction Number 4 of 2020 concerning Refocussing Activities, Budget Reallocation of Goods and Services Procurement, March 20, 2020. (4) Presidential Regulation Number 52 of 2020 concerning Construction of observation and shelter facilities in response to Covid-19 or other emerging infectious diseases on Galang Island, Batam City, Riau, on March 31, 2020. (5) Government Regulation instead of Law No. 1/2020 concerning State Financial Policy and Stability financial system for handling covid-19 and/or in the context of facing threats that endanger the national economy and/or economic system stability, March 31, 2020. (6) Presidential Decree No. 11 of 2020 concerning the Determination of Covid-19 Public Health Emergencies, dated March 31, 2020. (7) Government Regulation (PP) No. 21/2020 concerning Large-Scale Social Restrictions in the context of accelerating the handling of Covid-19. March 31, 2020. (8) Presidential Decree No. 54 of 2020 concerning posture changes and the current state budget for the 2020 Fiscal Year, April 3, 2020. (9) Presidential Decree No. 12 of 2020 concerning the Determination of Non-Natural Disaster for the Spread of Covid-19 as a national disaster, April 13, 2020. (10) Presidential Regulation Number 82 of 2020 concerning the Committee for Handling Corona Virus Disease 2019 (COVID-19) and National Economic Recovery, July 20, 2020.

Another crucial issue for implementing the Covid-19 prevention policy is that the prevention *policy through closing cross-border activities is considered inconsistent and unfair*. When the Government enacted the policy to prohibit foreign workers (TKA) starting on February 2, 2020, the Indonesian Ministry of Foreign Affairs announced that it had decided to close access to and from China beginning February 5, 2020. On February 5, 2020, the Ministry of Law and Human Rights issued a ministerial regulation regarding visa exemptions' temporary suspension. For China. On February 7, 2020, the Indonesian Ministry of Manpower announced that it had asked Indonesian migrant worker placement companies to stop placing workers in mainland China (Khairil, 2020). However, in early May, when the PSPB was implemented in the regions, the Central Government approved the gradual entry of 500

Chinese Foreign Workers (TKA) to nickel mining areas in several areas (Rachmawati, Kompas Newspaper, May 3, 2020). The Ministry of Manpower's reason to approve the Plan for the Use of Foreign Workers for China to avoid layoffs and insufficient labour (Karunia and Sukmana, Kompas Newspaper, May 2, 2020).

Besides, there are weaknesses in implementing the Large-Scale Social Restrictions (PSBB) policy in the regions (Salsabila, 2020). To be able to implement the PSBB, an area must meet many requirements and a lengthy procedure. The regional head submits the PSBB proposal with data on the increase in the number of cases, increased number of spreads according to time, and local transmission incidents, to the Minister of Health. The data must be accompanied by an epidemiological curve, indicating that there has been transmitted in the area. Besides, regional heads also convey information regarding regional readiness regarding the aspects of the people's basic needs, health infrastructure, budget and operationalization of social safety nets, and security aspects. After being submitted, the Minister of Health formed a special team that collaborated with GTPP Covid-19 to conduct an epidemiological study of the area. The study team provides recommendations to the Minister to accept or reject regional proposals for the implementation of PSBB. The procedures and requirements are considered too complicated. This is because the Regional Government must meet many conditions. It is feared that it will hamper the process of handling Covid-19. At the same time, violations against PSBB occurred in almost all regions. The community is considered not obedient to applying the principles of social distancing. This indicates that the Government's policies are not being responded to positively by the community (Widaningrum and Masudi, 2020).

2. Inhibiting Factors for Implementation of Covid-19 Handling Policies

Barriers to Bureaucratic Structure

First, the Covid-19 Pandemic Task Force (Task Force for Covid-19) has not been optimal. The Indonesian Political Indicator Institute survey on public satisfaction with the Covid-19 Task Force's performance for 1,200 respondents on 16-18 May 2020 showed only 55% said they were quite satisfied with the performance of the Covid-19 Task Force. Then 8.7% said they were delighted. The rest are not happy (24%) and not at all (1.9%). Another survey conducted by the Alvara Research Center in the time range June 22 - July 1, 2020, with 1,225 respondents, showed that the average value of community satisfaction was 72.7%. The majority of the public was satisfied with the information on health protocols, 73.3%, followed by patient care, 72.3%, social assistance, 56.2%, economic recovery, 48.2%, government assertiveness for citizens violating health protocols (47.3 %), pre-work cards (39.2%), and handling of layoffs (31.9%) (Irianto, 2020)

Second, the weakness of vertical and horizontal coordination. I can see weak vertical coordination from the disharmony of central-regional relations. At the beginning of the pandemic, several local governments had carried out a lockdown without consultation with the central Government (Table 2). They took This policy because it considered that the central Government was slow to prevent the spread of Covid-19 (Dzulfaroh, 2020. Hadijah, 2020).

Table 4. Regional Government's Quick Response to Prevent the Spread of Covid-19

No	District	Policy Form	Publication Date
1	Province of the Special Region of Indonesia	Closure of public institutions/offices, restrictions on public transportation	March 14, 2020
2	East Kalimantan Province	Closure of public institutions/offices	March 16, 2020
3	Papua Province	Closure of land, sea, and air access	March 24, 2020
4	Maluku Province	Closure of sea and air access	March 27, 2020
5	West Sulawesi Province	Closure of sea and air access	March 28, 2020
6	Solo City	Closure of public institutions/offices, including closings of schools, tourist destinations, work visits.	March 14, 2020
7	Puncak Jaya Regency	Closure of public institutions/offices and access	March 23, 2020
8	Tegal City	Ground access closure	March 25, 2020
9	Rote Ndao County	Prohibition of Residents Outside West Nusa Tenggara (Land Sea)	March 26, 2020
10	Tasikmalaya City	Ground access closure	March 28, 2020

Source: Compiled from various online news sources

It can also see the Government's cohesiveness from the determination of the timing of the implementation of PSPB. On the one hand, the Regional Government wants the PSBB to be carried out sustainably because the infection and death rates have increased significantly. On the other hand, the Central Government has relaxed implementing the PSBB policy (CNN Indonesia, 2020). The difference in views between the Central Government and the Regional Government can be seen from the case of DKI Jakarta, as the area with the first and most issues in Indonesia, the Governor of DKI hopes that the central government will carry out an area quarantine to control the spread of COVID-19 more widely. Hence, the Governor proposes the Jakarta area quarantine to the central Government (DetikNews, March 31, 2020). However, President Jokowi has decided not to carry out regional quarantine but impose Large-Scale Social Restrictions (PSBB) (Mira, 2020). This coordination problem is faced between the central Government and provincial governments and between regional governments. As happened in South Sulawesi Province. The three regions that are the epicentre of the spread of Covid-19 are Makassar City, Gowa Regency, and Maros Regency. Makassar City and Gowa Regency are then willing to implement the PSBB in their respective regions. However, Maros Regency was reluctant to implement the PSBB and chose to observe the effectiveness of the PSBB that had been carried out by the City of Makassar.

It can see weak coordination between sectors from the existence of conflicting regulations. For example, between the Ministry of Transportation and the Ministry of Health, regarding online transportation. The Minister of Transportation regulation allows motorbikes as a transportation mode for passengers with certain conditions. The Minister of Health's rule prohibits the activity of transporting people. Only goods are permitted. Another example of coordination between government agencies in procuring the Covid-19 rapid test tool (wartaekonomi.co.id, March 25, 2020). The Agency for the Assessment and Application of Technology has developed an RT-PCR Test Kit based on the SARS-CoV-2 coronavirus strain from hospitals in Indonesia. However, the Ministry of Health and the Task Force for handling covid-19 in Indonesia still use imported products (CNN Indonesia, September 29, 2020).

Barriers to Public Communication

Weak public communication by the Government is suspected to be one factor that causes people not to adhere to health protocols. The Government's failure to manage public communication effectively resulted in the public losing the ability to understand matters accurately and reliably, especially to respond to the outbreak appropriately. Weak public communication is partly due to:

The inconsistency of statements between public officials in authority has complicated the policy implementation process. Unclear information regarding whether or not a lockdown is needed, whether or not going home is prohibited shows weaknesses in public communication that affect implementation. Among them were the Government's blunder statement regarding the denial of the virus's existence at the beginning of the pandemic and the negative public response to communications made by the Government regarding the Covid-19 pandemic in Indonesia (FISIP UGM, 2020). The same thing was stated by research institutions, namely *Lembaga Penelitian, Pendidikan dan Penerangan Ekonomi dan Sosial (LP3ES)*, and the Institute Development of Economics and Finance (INDEF). The downbeat assessment from LP3ES was stated related to the Government has issued 37 blunder statements during the Covid-19 pandemic. At the same time, INDEF argued based on the survey results, which said that 66.28% of the public showed a negative response to the government's communications.

The Government's public information channels do not adequately address disinformation about Covid-19. At the start of the pandemic, there was no reference channel for information (for example, in the form of an official website), prepared from the government's start, which contained various information related to COVID-19. As a result, the community and multiple parties take independent steps that are not entirely based on accurate data. For example, negative actions such as buying goods in supermarkets, hoarding and buying masks, buying disinfectant liquid are events that the Government must immediately respond to (Tempo Newspaper, March 4, 2020).

The Bogor City Government found that 16% of Bogor people believe that Covid-19 is an international conspiracy and no COVID-19. This, of course, requires special treatment because this 16% can have a negative impact. Some people believe that COVID-19 is a world conspiracy, showing that the Government cannot educate on the dangers of this virus. The Government's inability to inform the public has resulted in disinformation. Patients with Covid-19 infection are considered a disgrace, so they cannot be treated in hospitals or refuse

bodies by the community when buried in their neighbourhood. Incomplete information on funeral procedures for victims of COVID-19, for example, has resulted in excessive and inappropriate public reactions (CNN, December 6, 2020).

In the 6th month of the Covid-19 pandemic, several hoaxes continue to emerge. Until August 2020, the Ministry of Communication and Information Technology detected 1,016 hoax issues spread across 1,912 platforms. *The Government has not been effective in dealing with hoax news.* During the three months of the Covid-19 pandemic, GTPP Covid-19 managed to identify 137,829 hoax news. Of these, 130,680 cases have been investigated by the National Police Cyber Unit.

Meanwhile, the Indonesian Anti-Slander Society noted that from the end of January-September 2020, there were around 600 hoaxes that they had straightened out or clarified (Kompas.Com, September 5, 2020). Mafindo noted, of the 600 cases, 20 % were hoaxes about preventing and treating Covid-19. A fraud has recently emerged regarding the Covid-19 vaccine. Hoax news raises public trust and compliance in efforts to deal with Covid-19, and there is also suspicion about hospitals and medical personnel.

The public does not understand messages or information about Covid. There are indications that many people do not care and ignore policies and calls from the central and regional governments. The lower class poorly understands most of the messages conveyed by the Government. This is suspected to be due to the socialization carried out by the Government so far not reaching the grassroots, resulting in disinformation. Government communication is more top-down and one-way through structural institutions, causing long bureaucratic links, so messages often experience distortion and lead to misunderstanding (miscommunication). For example, many terms for handling Covid-19 are poorly understood, such as PSBB, Transitional PSBB, New Normal, New Adaptation, Lockdown, Rapid Test, PCR test, SKIM. These terms confuse the lower class society and lead to multiple interpretations. Weak public communication of the Government to build correct understanding and information about Covid-19 appears to be the act of forcibly taking bodies affected by Covid-19 by a group of people, as reported by the mass media.

Lack of participatory communication, especially two-way communication between government and opinion leaders. They were judging from the lack of community leaders, religious leaders, traditional leaders, community organizations, *majlis taklim*, PKK organizations, Posyandu, and volunteers to join hands in socializing Covid-19. Because some people are more obedient and listen to the leaders' calls and requests than the government's appeals, most information can be heard by the public, namely health workers, scholars, Government, and artists. This must reflect that the Government is not the first to be heard by the people. Even the Government is only 1 level above the artist. So that government communication in the context of Covid-19 must build consensus with as many stakeholders as possible by embracing mass organizations, opening channels so that public access to the Government is more heard, the Government must often meet and explain to the public without relying on the health sector, the groups affected are essential to be heard parallel and not hierarchically, communication requires exact text and context so that it does not have multiple interpretations.

Resource Barriers

Health workers' availability to treat infected patients is still lacking, and many medical workers have died. The number of nurses was 532,040. The distribution of nurses' use in Indonesia is not evenly distributed and proportional to each province's population. Of the 34 regions, only 16 areas in Indonesia have reached the WHO recommended ratio (180 / 100,000 people). Limited health personnel is exacerbated by much medical personnel dying during the Covid-19 pandemic (Ihsanuddin, 2020). The number of medical workers who died during the pandemic was the highest in Asia and included in the top 5 countries in the world, namely 504 people consisting of 237 doctors, 15 dentists, 171 nurses, 64 midwives, seven pharmacists, and ten medical laboratory staff (Kompas, January 4, 2020). One of the contributing factors is the number of patients who continue to increase, so they have to work hard 40 hours per week, which causes physical and mental fatigue.

Ready Care Facilities, but lack of availability of masks and personal equipment for medical personnel. The number of sufferers that continues to increase is accompanied by the Government's efforts to prepare 800 referral hospitals throughout Indonesia to handle covid-19 patients. Emergency hospitals are also available, namely Athletes' House in Jakarta and Emergency Hospital on Galang Island, Batam, Riau Islands. Several hotels in Jakarta have been prepared to accommodate Covid-19 patients, including the Accor hotel group, Novotel, Ibis, Harris hotels, and others, including support from hotels in various provinces and districts/cities (Kompas, April 15, 2020). Medical personnel is three times more likely to be infected with the virus than the public.

But on the other hand, Indonesia is facing the problem of the availability of Personal Protective Equipment (PPE) for medical personnel and the availability of N95 masks. This is because Indonesia has had production problems for a long time. More than 90% of medical devices and medicinal raw materials are imported from abroad. The coating for medical masks relies on imports. On the other hand, this logistic availability is crucial because it is the primary support for health workers in the hospital. The role of the Government in providing logistics is very much needed. The Government must not be silent, and it must make fast and precise policies to meet the logistics needs referred to.

The high cost of the Covid19 test kit is an obstacle in handling the Covid-19 pandemic in Indonesia. The high cost of testing hinders the speed of tracking infection cases. In Indonesia, only five provinces have met the standard number of PCR tests followed by WHO, namely 1000/1 million people per week. The five regions are DKI Jakarta, East Kalimantan, North Sulawesi, and South Kalimantan. Among these are the availability of testing laboratories and Human Resources (Tempo Newspaper, September 15, 2020). It can see the high test costs in Indonesia from comparisons with several ASEAN countries as presented in Table 5, the highest Indonesian PCR test prices range from 1.5 to 5 million, compared for example with Malaysia around 536 thousand, Thailand, approximately 1-3 million rupiah and the Philippines around 1-4 million rupiah, even Singapore provides free PCR tests for its citizens. The news reported by Kompas, September 6, stated that the expensive PCR test was because the Covid test machines and reagents were expensive. After all, 90% relied on imports, and imports were only given to certain parties appointed by the Government.

Table 5 Comparison of Covid-19 Test Costs in Indonesia with Several ASEAN Countries

No	ASEAN Country	Covid Test Fee
1	Indonesia	Rp. 1.5 – 5 Million
2	Malaysia	RM 150 – 250 (around 536.894 thousand Rupiah)
3	Philippine	P 4000 – 13000 (1.2 – 4 million Rupiah)
4	Thailand	THB 2.500 – 6500 (1.1 – 3.08 million rupiah)
5	Singapore	Free
6	Brunei	B\$ 100 – 200 (Rp. 1.09 – 2.18 million)
7	Camboja	US\$ 100 (around 1.49 million)

Source: Tempo Newspaper, Tuesday, September 15, 2020.

The number of PCR tests conducted in Indonesia is also low in ASEAN, as shown in Table 6. For example, Indonesia has only 16,897 per total population, while Singapore has reached 661,251 per total population. Meanwhile, Malaysia and the Philippines earned 67,619 and 44,535 per total population (Worldometer, WHO, November 3, 2020).

Table 6 Comparison of the PCR Test in Indonesia with ASEAN Countries

No	Country	Population	PCR Test	PCR Test/ Population	Total
1	Indonesia	274.519.163	4.638.515	16.897	
2	Singapore	5.866.231	3.879.052	661.251	
3	Thailand	69.860.842	977.854	13.997	
4	Malaysia	32.508.341	2.198.172	67.619	
5	Vietnamese	97.640.614	1.246.480	12.716	
6	Myanmar	54.535..935	737.090	13.516	

Source: Worldometer, WHO, November 3, 2020

One of the reasons is the difficulty in achieving the target testing according to WHO standards due to the limited availability of laboratories and cancellations. Ideally, the number of tests per week is 1000 people per one million population. With a population of 268 million in Indonesia, tests must be carried out on 268 thousand people per week. As many as 134,996 people can be done, the number of laboratories as many as 275 checks the covid-19 specimen [Tempo Newspaper, September 15, 2020]. The WHO target is difficult to achieve because the availability of inspection machine tools with the Polymerase Chain Reaction (PCR) method is often a significant obstacle in laboratories in regions, including reagents and consumables in the laboratory.

Barriers to the Disposition aspect

The Government has made appeals, programs, and even regulations as a guideline in implementing health protocols. Unfortunately, this is not followed by the example of state officials in its implementation (Jakarta Newspaper, October 5, 2020), Tegal, Central Java, on September 23, 2020, by the deputy chairman of the local DPRD, is an example that officials are less sensitive in raising awareness about disease outbreaks. The music concert was attended by a crowd of residents who did not apply health protocols by not wearing masks and did not keep their distance. The Regent of Maros was also shown Disobedience, who

refused to implement the PSBB or Regent Natuna, who had rejected the Central Government's policy when made the area into a quarantine area 238 Indonesian citizens who were evacuated from Wuhan City.

Public compliance with the Covid-19 protocol is also low. The Government has issued the protocol for dealing with the Covid-19 pandemic since March 6, 2020, regulating the Health Protocol, Communication Protocol, Border Monitoring Protocol, Educational Institution Area Protocol, and Public Area and Transportation Protocol (Herman, 2020). Based on the BPS survey (2020). Some reasons people do not comply with health protocols because there are no sanctions for not implementing health protocols (55%); there were no incidents of Covid-19 sufferers in the neighbourhood (39%); work becomes problematic when it comes to implementing health protocols (33%); prices for masks, hand sanitizers, and other PPE tended to be expensive (23%), following other people (21%), officials or leaders did not give an example (19%), and others (15%) (CNN, September 19, 2020).

People who find it challenging to adapt to health protocols cannot be separated from the government's attitude initially, which denied that Covid-19 had spread in Indonesia. The Government seems to prohibit public discussion about the worst possibility of spreading the virus to Indonesia. If someone thinks it is considered scary, expert input gets less attention because it is defeated by political attitudes, even though scientists' ignorance is a disaster. Some government officials have their opinions without coordination with a team of experts in their fields, which then creates confusion in the community. For example, when the Minister of Agriculture issued a necklace known as an antiviral (BBC News, Indonesia, September 20, 2020).

The absence of sanctions factor has encouraged public attitudes that ignore the behaviour in compliance with health protocols. According to (Kusumanigdyah, 2020), the option of punishment is more prominently applied to encourage changes in people's behaviour, not to provide genuinely adequate socialization and persuasion. For example, the DKI Jakarta Government has implemented sanctions for residents who violate health protocols. Residents who do not wear masks are punished with fines. Sanctions also apply to business actors, restaurant cafes, and restaurant operators with a maximum penalty of 150 million (Media Indonesia, August 22, 2020). Until September 2020, the DKI Jakarta Provincial Government received 4 billion funds from fines for violating PSPB rules (CNN, Indonesia, September 3, 2020)

Leadership Barriers

Slow leader response causes low levels of public trust. Chairil (2020) states that the answer is quiet and tends not to make public trust in the Government's reaction low seriously. This makes people disobedient to government policies, one of which is the 3M + 1 policy (Using masks, washing hands, keeping distance, and avoiding crowds.). The Hasil Survey of the Indicator Survey Institute as of July 21, 2020, shows that the decline in public confidence in the Government's performance in overcoming the Covid-19 pandemic has decreased compared to May 2020, namely from 53.7 % to 52.6 %. Only 36.7 % of respondents believed in the Minister of Health's performance in overcoming the outbreak (Kusumanigdyah, 2020).

In a crisis where the government's level of public trust is low, and there is an excessive fear of the community, leaders should set an example and convince the public that the best

policies are. BUMN Minister Erick Thohir's statement that he refused to volunteer for a vaccine trial because, according to him, the people should get the vaccine first and then the leader. In contrast, the Governor of West Java decided to volunteer for a vaccine trial to ensure the Covid-19 vaccine is safe. The Governor of West Java, in an interview with (Detikcom, October 9, 2020), said:

"..sebelum saya jadi relawan, banyak hoax, berita bohong. Bahwa vaksin ini tidak halal, dibisniskan, pokoknya membuat orang antipatif, nggak ada pemimpin yang mau jadi relawan. Berarti rakyat dikorbankan, rakyat jadi kelinci percobaan."

"..before I volunteered, there were lots of hoaxes, fake news. That this vaccine is not lawful; it is in business. It makes people anti-corruption. No leader wants to be a volunteer. It means that the people were sacrificed, the people became guinea pigs."

The Governor's ability to communicate with the community through social media has made people in West Java Province comply with health protocols and volunteer for vaccine trials (Astutik, 2020). As a result, in October, West Java Province was recorded as the region with the highest reduction in deaths due to Covid-19 in Indonesia, 36.7 %. Meanwhile, the number of positive cases also decreased by 8.7 % (Sundayana, 2020). These findings are in line with research (Yang & Ren, 2020, p.10) that moral obligations and public leadership and constituent indicators contribute positively to collective action to prevent and control Covid-19. Moral responsibility and shared leadership can mutually reinforce positive roles in collective action. prevention, and control of Covid-19.

5. CONCLUSION

1. The implementation of the policy for handling Covid-19 has several weaknesses, namely:

a. The Government's response to the spread of Covid-19 was quite late at the beginning of the pandemic. There were denials from several public officials regarding the threat of spreading the virus, which had implications for the dimming of the central Government's conservative attitude towards the spread of the virus.

b. The delay in the Government's response caused delays in the formulation of public policies for handling Covid-19, consisting of 1 Perppu, 2 PP, 2 Perpres, 4 Keepers, and 1 Inpres. Some of the crucial issues in implementing policies that can hinder the handling of Covid-19 are inconsistent policies during the PSPB implementation period. The Government permitted foreign workers' entry, and the PSBB implementation procedure was long and difficult to implement by the Regional Government.

2. Barriers to the implementation of public policies are as follows:

a. Obstacles to the bureaucratic structure, first, the performance of the TGPP task force is less than optimal, among others, because the basis for the rules for establishing Satgas in the regions is only based on a Circular of the Minister of Home Affairs, which is considered insufficient because Circular Letters are not a legal product in the order of laws. Second, the weak coordination between the central government and regional governments shows the incompatibility between the central and provincial governments and the Ministry's unsynchronized regulations.

- b. The Government's failure to manage communication causes the public to lose the ability to understand issues accurately and reliably, significantly to help them respond to the outbreak appropriately. In incoherent statements between public officials, government general information channels are inadequate in dealing with disinformation about Covid-19. The public poorly understands information about Covid, and the socialization carried out by the Government so far has not touched the grassroots because it relies on structure and top-down.
- c. Resource Barriers, including Limited medical personnel and medical personnel who died infected with Covid-19; Inpatient facilities, are sufficient, but PPE and medical masks' availability is limited. Covid-19 test kits, which are expensive compared to other countries, the availability of reports is restricted.
- d. Lack of Compliance, Implementers in the regions, do not fully comply with the Central Government's direction regarding PSPB policies and implementation. The reason is the indecisiveness and inaction of the central Government in responding to the pandemic and efficiency reasons. At the same time, the low level of compliance has resulted in many violations by residents.
- e. Barriers to Leadership Factors, the lack of application of a crisis leadership style among public officials, in terms of the slow response to the Covid-19 outbreak, slow and indecisive decision-making, and a lack of exemplary leadership in taking risks.

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