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Policy process in Indonesia during COVID-19: a cross-sectoral policy perspective

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Abstract

This paper aims to examine the policy process for dealing with COVID-19 in Indonesia; in the last two years, the Indonesian government have taken various policy for dealing with COVID-19. Currently, this field still lacks in demonstration of cross-sectoral policy in Indonesia. This research uses qualitative explorative systematic analysis focusing on cross-sectoral policies taken by the government. This study found that government policies dealing with COVID-19 take a long time to implement owing to the cross-institutional policy process and being inactive. These policy decisions are impacted by the state's capacity to handle policy concurrently so that the government has long-term policy alternatives. Nonetheless, this policy decision will have a long-term influence on how Indonesia handles COVID-19. In the instance of Indonesia, this study reveals two policy options: substantive policy and procedural policy.

Keywords: policy process, cross-sectoral policy, indonesia, COVID-19

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Introduction

This research examines the policy process for dealing with COVID-19 in Indonesia. Lavenex et al. (2009) policy research will not become outdated since similar circumstances will reoccur with other occurrences. As a result, a policy review is required to give new perspectives on dealing with emergencies in an acceptable and non-political manner. Even in a crisis, the political method is dominant in policymaking. Policy studies are related to internal and external issues, such as policy complexity within political institutions, local governments (Lavenex et al., 2009), and government partners (Sajadi & Hartley, 2022). The policy is cross-sectoral and includes four variables: policy background, actor and organization, policy substance, and policy process (Reeve et al., 2021); these aspects confirm whether the government can structurally carry out cross-sectoral policies. Moloney & Moloney (2020) COVID-19 policies produce unique outputs if they focus on one part. However, not all can overcome the COVID-19 crisis without a democratic government system (Christensen & Lgreid, 2020).

The policy process integrates different policy instruments; Maggetti & Trein (2022) argue that the government must adequately overcome a crisis through the policy process. In dealing with the COVID-19 situation, countries have classified the policies implemented as a preventive action to reduce the spread of COVID-19 (Bonfiglio et al., 2022); the goal is to

avoid implementing the same approach in areas with few cases. Furthermore, there must be multiple strategies for understanding the community's character. The policy mechanism is cross-sectoral involving local government, especially in countries with diverse community characteristics with piling up bureaucratic rules (Roziqin et al., 2021).

Recently, scholars have proposed how policy should be, primarily cross-sectional policy. According to Lee et al. (2020), Policy making needs a good government; on the other hand, democracy is adopted as an essential ideology in policy acceptance. Besides that, there is a cross-province collaboration (May 2020). Countries with a high population distribution must take policies involving local governments. Unfortunately, the policies for handling COVID-19 are often the opposite (Lewis, 2020). McBryde et al. (2020) assess that the policy model is influenced by derivative policies such as travel restrictions, potential new variants of COVID-19, low-middle income, and lockdown policies, so COVID-19 handling policies are so complex, and it depends on how the local government responds (Sihidi et al., 2022). In the last two years on, COVID-19 policies have categorized COVID-19 responses with this approach; Irving Yi Feng Huang (2020) states that the collaborative governance model in handling COVID-19 is a sectoral collaboration to tackle COVID-19 with a big head to implement testing, vaccines, and tracing (Charles E. Menifield, 2021). Policies that are well controlled will affect mortality rates (Sahu, 2021), but the policy will be in vain if the political will is low (Reeve et al., 2021); problems like this are faced in countries with a high spread of COVID-19 (Djalante et al., 2020; Fauzi & Paiman, 2021; Purnomo et al., 2022).

However, the policy still lacks events that previous studies have categorized as policy models and implementation. Furthermore, this research contributes to existing knowledge in a few different ways. The research presents a conceptual explanation of cross-sectoral policy by analyzing the policy process of the Indonesian government. We highlight government policies by paying attention to policy processes during COVID-19.

Research Methods

This research uses qualitative explorative systematic analysis focusing on cross-sectoral policies taken by the government. This approach aims to analyze more deeply and provide a clear description of the object of research by understanding that scholars have widely explored Indonesia's policies in handling COVID-19. However, some explain whether the policies taken are not on cross-sectoral institutional aspects that intersect with each other. Others so that policy becomes slow. Policy analysis must compare instruments and current problems (Dunlop & Radaelli, 2020); due to local policy issues with a cross-sectoral policy theoretical approach. We read local policy issues with narrative policy (O'Donovan, 2018). Moreover, we argue that this method can provide robust analysis and evidence for the findings (Mintrom & O'Connor, 2020).

Ladeck's (1977) public policy analysis focuses on a systematic comparative study. In Ladeck's view, the policy process is very complex; it takes place over time, the policy is proposed, extensive participation, and the policy process cannot be described with a simple model. Therefore this research would like to know how the Indonesian government takes place by adopting a policy capacity paradigm and cross-sectoral policy process (Capano, 2020; Fischer & Maggetti, 2017; Reeve et al., 2021). We argue that the policy process is taken through sectoral institutions and will take a long time with the political process. We use the government's official report on handling COVID-19. The description was obtained through the ministry's official website; this method analyses the policy process using official government documents for the last two years, reported regularly.

Results and Discussion

Indonesian policies respond

The determination of the emergency status by the government against the spread of COVID-19 has no impact on increasing the number of cases in the next few decades; this is due to the government's belief in the status and mutation of COVID-19, which cannot spread in countries with tropical climates and temperatures (Romance, 2020). This response is relatively slow because the increase in daily cases reached 200 per day after discovering the first cases in Indonesia on 2 March 2020. On 31 March 2020, the government issued a social restriction policy for provinces with high mobility, such as Jakarta, Banten, West Java, East Java, and Central Java. The determination of the emergency status and social restrictions could not prevent the decline in daily cases in the first two months; on 27 April 2020, the number of cases reached 600, which increased daily. Woo (2020), policy capacity is the government's ability to accommodate policies; this approach assesses that with policy capacity, the government can map problems and describe them well, Lee et al. (2020). In addition, government organizations must also be healthy before deciding on policies to contain COVID-19. However, some parts are missing from government policies by ignoring WHO warnings about the potential for COVID-19 in Indonesia, so the government does not take early policies against COVID-19 (Ihsanuddin, 2020).

Daily cases in Indonesia have been very high in the last two years, with a reasonably low testing capacity. In 2020, Indonesia's ability to carry out testing was at a maximum of 1439 per day. In addition, government policies have changed relatively quickly, showing that the policy process during COVID-19 was taken by slightly ignoring the factual conditions of daily case growth. In handling COVID-19, the government takes control through the issuance of regulations that require local governments to coordinate; in that position, the regional government is the implementer of policies taken by the central government. Maggetti & Trein's (2022) integrative policies between institutions are preventive; therefore, the initial COVID-19 policy should have consented to efforts to prevent transmission, but the government's policy choices were slow, causing prevention efforts to be not optimal. (Capano, 2020) policies that do not consider science will cause new problems; the Indonesian government's inappropriate policy choices are a factor in the increasing spread of COVID-19, which causes problems in the readiness of medical equipment (Mahendradhata et al., 2021). In the view of McBryde et al. (2020), policies are not optimal due to too many derivative policies; in the case of handling COVID-19, after the president issues presidential instructions and regulations, the ministry issues derivative regulations, and as a result, the implementation of policies intersects each other.

Table 1 shows the policies of the Indonesian government for two years dealing with COVID-19, which function as the government's efforts to maximize the handling of COVID-19. These policies are slowly pushing the Indonesian economy not to be in a critical enough condition due to the government's steps to refocus the budget. In addition, the government encourages stable economic growth by providing social security and social assistance for community groups affected by COVID-19; this division is based on the economic conditions of low-income community groups and dependent on micro-economic activities.

Table 1. Indonesian Regulations During COVID-19

Regulations	About
Law No.1/2020	Financial policy and financial system stability to respond to COVID-19
Presidential Instruction No.4/2020	Refocusing activities, reallocating budgets, and procuring good
Government Regulation No.23/2020 and No.43/2020	Implementation of the national economic recovery program to support financial policies of COVID-19
Government Regulation No.29/2020	Income tax facilities in the context of handling COVID-19
Government Regulation No.21/2020	Large-scale social restrictions to accelerating the handling of the COVID-19
Ministry of Internal Affairs Instruction No.27/2021	Enforcement of social restrictions and community activities in the Java and Bali regions
Presidential Regulation No.33/2020 and No.99/2020	Procurement of vaccines and implementation of vaccinations in dealing with COVID-19
Presidential Regulation No.14/2021 and No.50/2021	Procurement of vaccines and implementation of vaccinations in dealing with COVID-19
Presidential Regulation No.82/2020 and No.108/2020	Committee for responding to COVID-19 and economic recovery
Presidential Decree No.24/2021	Determination of the factual status of COVID-19
Presidential Decree No.7/2020	The task force for the acceleration of response to COVID-19
Presidential Decree No.18/2020	The national team accelerates the development of a vaccine
Presidential Decree No.11/2020	Determination of public health emergency
Presidential Decree No.9/2020	Task force for the acceleration of handling COVID-19

Sources: processed by author 2022

The government's step in issuing regulations has decreased the number of COVID-19 in a long time. However, Indonesia's daily cases are still volatile due to the implementation of policies that have not been maximized; the problem of COVID-19 in Indonesia lies in implementing policy such as large-scale social restrictions and COVID vaccinations. In addition, to internal problems from within the government, COVID-19 in Indonesia is also faced with external issues such as refusal of immunization and refusal to apply testing, tracing, and treatment. A COVID-19 policy considers health capacity as an approach that tests the country's ability to deal with the COVID-19 wave (Mahendradhata et al., 2021); the case of Indonesia's health capacity is not being given proper attention, the government only changes policies to control COVID-19. The daily case of COVID-19 in Indonesia decreased after the second wave, with the highest daily cases reaching 63,056; in the first two months of 2022, the government put pressure on it seriously by mandating vaccination; and has a significant impact on the creation of complex immunity. Moreover, the government implements sustainable policies through social restrictions; these policies are based on the addition and decrease of daily cases in Indonesia.

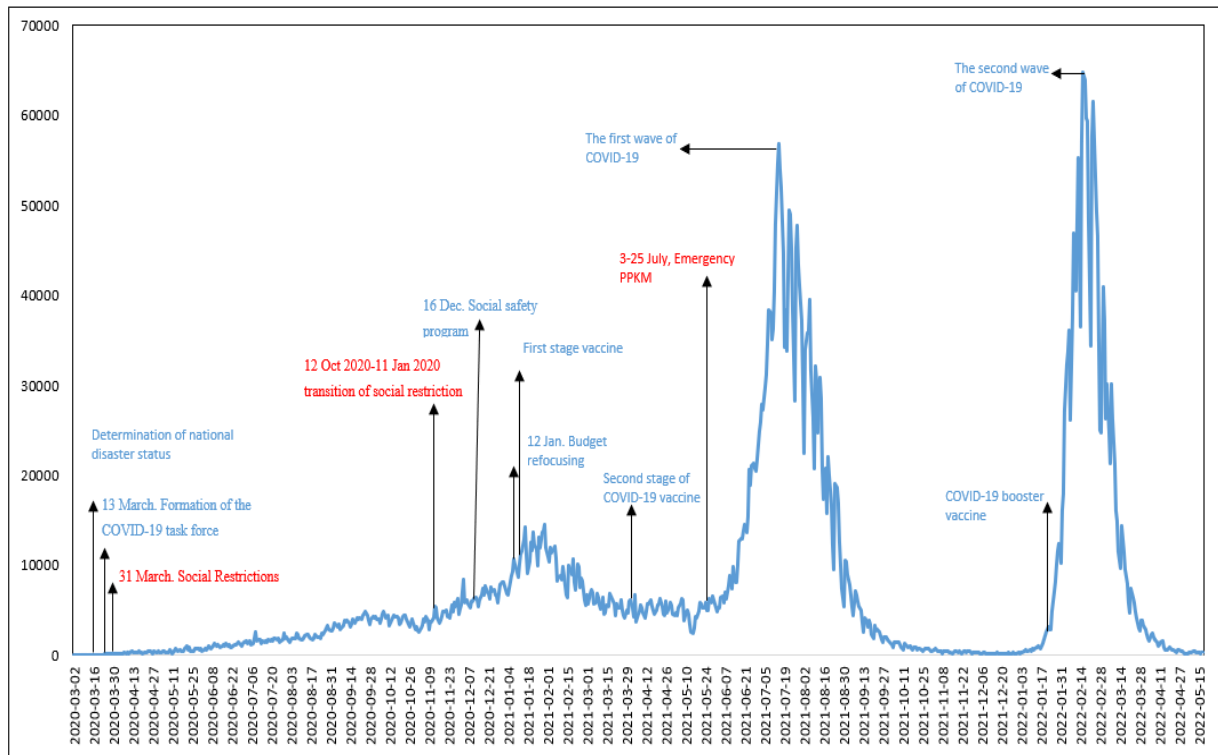


Figure 1. Daily New Case in Indonesia
Source : processed by Author

Crisis management during COVID-19

The government carried out crisis management to reduce the number of COVID-19, but it faced challenges, one of which was the ability in the health aspect. The government cannot provide sufficient medical equipment to handle COVID-19, resulting in a crisis of masks, oxygen, patient beds, and isolation rooms. In 2021 COVID-19 handlers were in quite a crisis condition. With the ability to provide low-cover beds, only 30% of hospitals offer covert for COVID-19 patients, with an average daily case reaching 1200 new cases (CNN Indonesia, 2021). The Delta variant of COVID-19 in 2021 also caused an oxygen crisis in provinces with high daily cases in Java and Bali, the second wave of the Delta variant (Tempo, 2021). In addition, the budget changes made by the Ministry of Finance in dealing with COVID-19 amounted to 405.1 trillion, the budget for health was 75 trillion, and the social assistance was Rp. IDR 150 trillion (Sesneg RI, 2020). The funding aims to maintain the community's economic resilience but is at risk of COVID-19.

From the first response to how the Indonesian government dealt with COVID-19, we believe government policies excessively focused on economic recovery have overlooked the health issue. For example, following the introduction of active cases, the transportation control policy via regulation No.18/2020 increased to 4839 from 2491 daily cases, indicating that the central and local governments did not fully integrate policy. Because there is no strong position between central and local government policies, the main problem in handling COVID-19 is cross-sectoral policy (Achmad Nasrudin, 2020); within two years of taking COVID-19 in Indonesia, people are not as submissive to government policies; this is due to changing policies and tends to cause public protests with changes in policy terms (Nurita, 2022).

Crisis management is a policy decision based on the COVID-19 scenario; the government must cooperate across units (Bouckaert et al., 2020), and COVID-19 policies

encounter policy integration challenges (Maggetti & Trein, 2022). The study's findings reveal that the central government's policies are not harmonized throughout institutions. A policy approach overly focused on economics is generating issues in COVID-19 (Maggetti & Trein, 2022). Uncertain conditions also impact COVID-19 policy in Indonesia; COVID-19 variations such as Delta and Omicron are one of the causes for slow policy coordination.

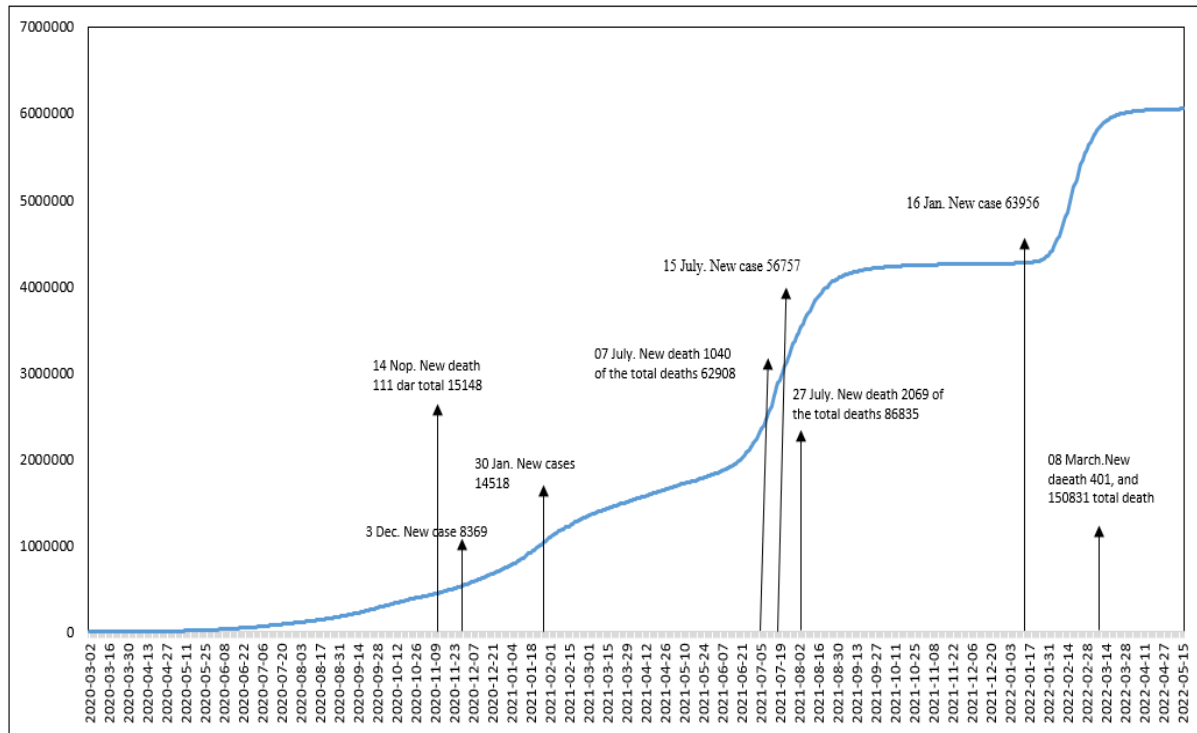


Figure 2. Total Indonesian Case
Source : processed by Author

Institutional design to govern COVID-19

Through presidential decrees No.7/2020 and No.9/2020 regarding the task force for the acceleration of handling COVID-19, the central government formed a COVID-19 response team consisting of all elements of the government and institutions, the aim being that the government structure runs in full of overcoming COVID-19. The organizational structure for handling COVID-19 in Indonesia has changed through regulation No.9/2020, which was previously No.7/2020; the change is based on the government's efforts to encourage economic growth and reduce the number of COVID-19 transmissions so that in the latest structure, all ministries are involved in it (Taher, 2020). Changes in the task force's organizational structure divide the government's role in restoring post-pandemic economic conditions and creating new normal conditions. Table 2 shows the organizational structure of the COVID-19 task force in Indonesia through government regulation No.7/2020, involving all government elements.

The government organizes the response to COVID-19 into a national disaster management cluster, which includes a health cluster, a logistics cluster, a protection and evacuation cluster, an education cluster, and an early recovery cluster. The COVID-19 task force's organizational structure encourages local governments to be policy implementers, demonstrating that local governments are policy implementers. Overall binding regulations show that the government is integrated through regulations, such

as the Ministry of Health's No.09/2020 regulation on guides for large-scale social restrictions, which is a follow-up to Government Regulation No.21/2020 on large-scale social limits.

Functionally, the COVID-19 handling task force's organizational structure specifies several post-ministerial as the main sub-ministry that takes essential policies. The coordinating minister becomes the main sub in policy making. The coordinating minister carries out the synchronization and coordination function in the ministry structure and function. The Indonesian ministry structure the coordinating minister such as; the Coordinating Ministry for Political, Legal, and Security Affairs; Coordinating Ministry for Economic Affairs; Ministry of Human Development and Culture; Coordinating Ministry for Maritime Affairs and Investment. The four coordinating ministers coordinate policies with the ministries that report to them.

Policy design is an early policy taken by policymakers. However, it is necessary to pay attention to policy instruments with the aim that policies have clear objectives (Brian Y. An, Simon Porcher, Shui-Yan Tang, 2021); the policy choice determines the policy actors in it that can influence external and internal factors. Nevertheless, the policies that do not have a single goal make COVID-19 handlers biased and blurry (Moloney & Moloney, 2020); the government chooses to take the same approach even though the number of COVID-19 in Indonesia is increasing every day; this factor also shows that there is no standard policy so that it produces sound output in handling COVID-19. We consider that the policy tends to be political because each ministry changes its policy within a short period after the policy is taken to get an inadequate response from the public. Christensen & Lgreid (2020) view that not all government policies can solve the problems and significantly reduce the COVID-19 crisis.

Indonesian policy issues and policy design, the complexity of policy

The health crisis is the main problem, but the government has different policy choices based on the socioeconomic conditions of the community. The government's policy in dealing with COVID-19 does not have one goal; the multiple goals are one of the factors in the slow decline in COVID-19 cases in Indonesia, even though the government has implemented several policies such as limiting working hours during the COVID-19 period through Circular No.8/2020, with the implementation of new adaptation habits, the number of daily cases experienced an increase of 36,406 in June 2020. Although daily cases in Indonesia are still increasing, it is due to Indonesia's socioeconomic conditions, which are problematic. Therefore, the government takes policies that are still hesitant in handling COVID-19.

The complexity of Indonesia's COVID-19 policy is due to multiple goals, aside from the fact that the policy is quite complex, namely controlling transportation through regulation No.18/2020 concerning government transportation control, limiting community activities to travel outside the region to prevent the transmission of COVID-19 through a ministerial decree. The government also requires vaccination for individuals who move outside the area (Kemenhub, 2022). This duty results from Indonesia's daily low vaccination achievement, beginning with the first, second, and booster vaccines. While vaccination policy has not been matched by vaccine availability and the government's ability to distribute vaccines quickly, the other major issue is the public's desire to receive vaccines due to a lack of understanding of vaccination.

Figures 1 and 2 show that Indonesia's daily case growth increased in 2021 and 2022, affecting active cases in Indonesia; the increased new case is due to Indonesian policies with multiple goals. Between 2020 and 2022, the government implemented

several policies that had an impact on handling COVID-19 even though the handling of COVID-19 in Indonesia, which is a cross-sectoral policy, is one of the reasons that every post ministry must implement policies and be in a position where they intersect causing policy problems (Setkab, 2021).

Table 2. Indonesian Policy Issues

Issues	Policy	Policy Result
National disaster	President sets national health status	Determination of COVID-19 as a national disaster
Refocusing budgeting	Refocusing the budget to carry out priority policies COVID-19	After the determination of the national disaster status, the government refocused the budget
Social restrictions	The Coordinating Ministry for Maritime Affairs and Investment in Indonesia establishes a social restriction policy	Social restrictions in provinces with high daily cases
Vaccination	Promote herd immunity by vaccination	Rejection of vaccination by the community with the result that vaccination has not reached the target
Social Safety	Social assistance during social restriction policy	Social assistance for people affected by COVID-19
Economic recovery	National economic recovery	This issue covers several policies, such as tax exemption, budget allocation, and economic development
local tourism	The Ministry of Creative Economy encourages the recovery of the tourism sector and the creative economy	Assisting the small economy and the tourism sector during the COVID-19 period
Travel policy	Ministry of transport restricts domestic travel with testing and vaccines	Travel restrictions have an impact on people's income
Health policy	Supporting health workers by providing medical equipment	Indonesia is experiencing a health equipment crisis when facing the first and second waves of COVID-19
Health workers	The Ministry of Finance and Ministry of Health provide benefits for health workers	The realization of the budget for health workers has been delayed until 2021
Online Education	Ministry of Education establishes distance education and online learning	An adequate ICT does not support the online learning policy.
Work from home	The Ministry of Internal Affairs establishes a work from home during the PSBB policy	This policy applies to civil servants, while public and private companies use the opposite policy

Sources: processed by author, 2022

Several countries have taken measures to establish COVID-19 prevention strategies (Senthil Prakash et al., 2021). The government has the authority to oversee policies effectively. However, not all policies create positive outcomes due to mismanagement (Ruii, 2020); as previously said, policies disregarding scientific data tend to be delayed and cause new difficulties (Baynouna Al Ketbi, 2021). The government makes policy decisions, as shown in table 2, and the policies have not all gone smoothly because of corruption in social assistance, sluggish allocation of social assistance due to incompatible policies (Supreme, 2021), and quick policy change

(Venessa Melissa, 2021). Table 2 argues that government programs have limited capacity due to the government's capabilities.

Cross-sectoral policy; a political process of Indonesian policy

The slow determination of the national emergency status is proof that the Indonesian government's policy in dealing with COVID-19 involves all ministries, different from countries in Asia which are more responsive by establishing COVID-19 as a global outbreak, so the government takes a policy of locking down. Indonesia is considered not to use a scientific evidence approach to implement the lockdown, testing, vaccination, and information disclosure policies. Maggetti & Trein's (2022) policy integration will slow down the policy process and become ineffective; the handling of COVID-19 places all elements of the government, causing COVID-19 in Indonesia to increase, and the government is asked to choose the right policy so that it causes a policy dilemma (Bonfiglio et al., 2022). In addition, the limited policy choices and the implementation of policies that are not optimal have created new problems, such as the economic crisis, the crisis of masks and medical equipment, and a significant increase in COVID-19 cases.

The national capability to take policy from the central government is used to gauge top-down policy. However, in dealing with COVID-19, while the government has declared an emergency and implemented strategic responses, various policy cross with one another, causing policies to alter swiftly. For example, the introduction of a large-scale social restriction policy was quickly amended with the strategy of introducing micro-community activity limits (Persada, 2021). The WHO has chastised Indonesia's COVID-19 policy for neglecting scientific evidence. Due to cross-institutional policies, Indonesia is thought to be ignorant of facts and scientific processes, and the government's attitude is unscientific. Regarding the ministry's position in the COVID-19 task force, each coordinating minister is critical in steering the policy process; various issues to address while executing economic recovery measures and dealing with COVID-19. COVID-19 policy challenges for the Indonesian government include establishing health emergency status.

This article's findings separate the government policy process into two parts. The first is the goal of tools that examine policy types based on substantive and procedural criteria. We believe that the Indonesian government employs both kinds concurrently based on the nature of policies conducted by the government; for example, the government assesses the PSBB policy, which is used for two weeks to ensure the growth of new COVID-19 cases. The strategy describes the role of the community and non-governmental groups in encouraging community economic growth through social aid and fundraising efforts. Whereas policies are intended to have an impact and become a detector in the policy model's concept, according to the description of this study, the government's steps tend to be in effect by implementing regulations, even though policies and regulations change in a speedy period.

Purnomo et al. (2022) mention that Indonesia's policy is one of the countries in Asia with unpreparedness in handling COVID-19; this unpreparedness has caused policies not to understand the characteristics of the problem and society. Furthermore, Reeve et al. (2021) state that cross-sectoral complex policy must involve different actors and organizations, making the policy process slow. The COVID-19 policy that is slow to complete is an incentive for health workers (CNN Indonesia, 2021). However, in its function, the firm group handling COVID-19 has been given the authority to manage COVID-19 following government regulation No.9/2020 (Bali et al., 2021). It has

classified the policy tool from view (Hood, 1986). Accordingly, we consider the Indonesian government's policy procedural, involving many organizations and interest groups, so the approach tends to cause problems.

Conclusion

The cross-sectoral policy demonstrates policy performance; the central government has pursued a policy with dominating power while including integration policy tools from cross-sectoral entities. This article contends that the government's policy has a moderate capacity for dealing with COVID-19 but that the government deals with COVID-19 with long-term policy success. This article underlines that the most successful policy approach is implementing a substantive policy based on scientific data that predicts the future drop in COVID-19 cases. These findings show that two approaches, substantive and procedural, influence policy capacity; substantive policies pay attention to scientific evidence, provide public information, and provide sufficient resources to deal with problems, whereas procedural policy act and involve many actors; as a result, the policy is slow.

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