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Global Health Security

Covid-19 Pandemic in Indonesia: Government Response and Politics

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SYNOPSIS

As the number of confirmed COVID-19 cases rose rapidly in Indonesia, the president imposed a state of emergency. The initial lethargy was due to unpreparedness, low public health spending, and a political structure that incentivises appointments based on political considerations.

COMMENTARY

ON 31 MARCH 2020, Indonesian president Joko 'Jokowi' Widodo declared a national emergency to institute quarantine orders to limit the spread of COVID-19. The emergency will also see a temporary ban of all foreign visitors -- except diplomats and work permit holders -- from entering or transiting the country. The emergency authorises the Indonesian military (TNI) and the national police to close off roads in major Indonesian cities like Jakarta to prevent people from entering or leaving the cities, and as a last resort, public facilities as well.

The emergency was imposed after the number of confirmed COVID-19 cases in Indonesia reached 1,528. No less than 136 patients have died from the disease, making Indonesia the country with the highest COVID-19 death toll in Southeast Asia.

Unprepared for Pandemic

The president's emergency declaration is welcome news for public health experts and medical professionals. They were increasingly frustrated over the alleged slow response of Indonesian government officials -- particularly those in the Health Ministry

-- to prepare the country for the pandemic, to test more prospective cases, and institute strong social distancing measures, to prevent a further spread of the pandemic.

Critics noted that preventive measures in Indonesia against COVID-19 were lackadaisical from the beginning of the pandemic, when it had not spread inside Indonesia. On 17 February, Terawan Agus Putranto, the country's minister of health, condemned a Harvard University study which estimated that Indonesia should have at least several cases of the virus by mid-February. He also stated Indonesia was immune from the virus thanks to the prayers of millions of Indonesians.

The Jokowi administration was also criticised for its slow response in testing suspected COVID-19 carriers and in coordinating with regional governments to prepare for social distancing measures that might bring down the number of potential infections.

Jokowi has resisted calls to institute a nationwide lockdown as a measure to curtail the pandemic spread, as he argues such measures would hurt some 55 percent of Indonesians who are working in the informal economy. More controversially, he initially vetoed the proposal by provincial governors to institute a lockdown of their regions, arguing that such an authority rests with the national government.

The emergency decree seemed to be a [compromise](#) for the regional leaders. While they may proceed to institutionalise regional lockdown measures, they must adhere to the guidelines set up by the national government.

Political Dimension of the COVID-19 Pandemic

The slow response to the pandemic in Indonesia can also be attributed to its current political structure which revolves around power-sharing with party leaders and influence brokers so as to ensure that Jokowi's legislative agenda gets enacted by parliament. It also prioritises appointments based on political connections instead of professional capabilities.

In his desire to seek political stability, Jokowi has given ministerial positions to former rivals like Prabowo Subianto -- leader of the Gerindra Party -- who is now minister of defence. He also has appointed former retired Indonesian military (TNI) generals and police generals to join his cabinet. Six out of 34 ministers of Jokowi's current cabinet are retired TNI or police generals, including Terawan -- the health minister.

While the system works to stabilise the current administration, it means that often political considerations are given priority over technocratic expertise. Thus in a crisis like what Indonesia is experiencing, these ministries can be blindsided and lack inputs from professional experts -- thereby slowing their response once a crisis has become full-blown and more difficult to manage.

To enact and implement policies promptly to respond to the health crisis and save more Indonesian lives, Jokowi needs to appoint advisers and experts from related medical backgrounds to be in charge of the national response to the pandemic. The government's newly announced special task force to counter the COVID-19 pandemic is a step in the right direction.

However, the task force currently lacks members with expertise in epidemiology, virology, or public health. The government should consider appointing professionals like Dr Iqbal Ridzi Fahdri Elyazar from the Eijkman-Oxford Clinical Research Unit or Professor Soetjipto from the biochemistry faculty of Airlangga University as technical experts (*staff ahli*) who may advise the government on the steps it needs to take to control the virus' spread.

Lack of Public Health Spending

Finally, the Indonesian public health system is cash-strapped to handle the COVID-19 pandemic. The country's public spending on health in 2016 (most recent year available) is only 3.12 percent of its Gross Domestic Product (GDP). In contrast, Philippines and Vietnam -- two populous Southeast Asian countries other than Indonesia -- [spend respectively 4.4 percent and 5.7 percent of their GDP for public health expenditures](#).

The relatively low public spending on health care translates into the lack of 'critical care' facilities for the worst affected patients. Most of the 132 public hospitals designated to treat COVID-19 patients lack ventilators, medications, and other necessities required to help treat patients effectively.

Due to the chronic underfunding of the Indonesian health system and the shortage of medical facilities and supplies necessary to mitigate the pandemic, the international community needs to step in to provide assistance to the Indonesian government through both financial and in-kind assistance.

These especially should include ventilators, protective equipment for health workers, and medicine so that millions of Indonesians who are vulnerable to the pandemic impacts can be saved.

Without this assistance, [a new study](#) by the National Development Planning Agency (Bappenas) and University of Indonesia estimates that up to 2.5 million Indonesians could be infected by COVID-19 by the end of April 2020, with up to 240,000 estimated fatalities. This will leave the Indonesian health system fully incapacitated to handle the growing toll.

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