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Collaborative Crisis Management in Controlling the Second Wave of Covid-19: Evidence from Indonesia

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Abstract

Covid-19 is a pandemic disease that has surpassed the global response capacity. At the beginning of the outbreak, numerous countries were unprepared to deal with the pandemic caused by the Covid-19 which has claimed numerous lives. As one of the world's most populous countries, Indonesia has been particularly hardly suffered by the Covid-19 pandemic. The worst-case scenario occured when Indonesia was struck by the Delta Variant's, a second Covid-19 wave. On the other hand, Indonesia has made significant progress in reducing the number of cases. Indonesia's government has invited all stakeholders from diverse backgrounds to work together to address the Covid-19 crisis. Indonesia has been demonstrating its rapid capability in overcoming the second wave. This paper examines how Collaborative Crisis Management has been used in Indonesia to control the pandemic.

***Keywords**: Covid-19, pandemic, collaborative crisis management, delta variant, Indonesia*

Introduction

The Covid-19 outbreak has put the global health system under severe strain. Numerous countries have taken various initiatives to address this issue (Mao, 2020). Covid-19, caused by the SARS-CoV-2 Virus, impacts the health sector and the economy (Mao, 2020; Nasution et al., 2020; Suryahadi et al., 2020). The Covid-19 pandemic has slowed the world economy in all countries. At the beginning of the emergence of the Covid-19 pandemic, many countries imposed lockdowns to reduce the risk of transmission when carrying out economic activities (Kementerian Perencanaan dan Pembangunan Nasional, 2020).

President Joko Widodo announced the Covid-19 case in Indonesia for the first time on March 2, 2020, when two Indonesian citizens, a 64-year-old mother and her 31-year-old daughter, were suspected of contracting it through contact with Japanese citizens visiting Indonesia (Triana & Munandar, 2021). Since the first case was announced, Indonesia had seen an increase of positive patients and the number of cases. In April 2020, President Joko Widodo declared Covid-19 a non-natural national disaster via Presidential Decree No. 12 of 2020 on the Determination of Non-natural Disasters Contributing to the Spread of Corona Virus Disease 2019. The Government of Indonesia recognized Covid-19 as a disease that causes a public health emergency by designating it as a natural national disaster. The designation as a non-natural national disaster was made in light of the spread of Covid-19 and its impact on

the growing number of victims, property losses, the disaster's broader coverage of affected areas, and the socioeconomic consequences in the country (Susilo et al., 2020; Triana & Munandar, 2021).

To expedite the control of the pandemic, the Indonesian government established a multi-party Covid-19 control structure. It began with establishing the Covid-19 Handling Task Force (Covid-19 Task Force), which was formed immediately upon the outbreak's onset, and progressed to the establishment of the Committee for Handling Covid-19 and National Economic Recovery (abbreviated KPCPEN). KPCPEN was established to strike a balance between health and economic policies. KPCPEN is the parent organization that determines various Covid-19 policies in Indonesia. The previously formed Covid-19 Task Force was retained to become a part of KPCPEN eventually.

From a theoretical perspective, Indonesian government has been doing Collaborative Crisis Management. Collaborative crisis management is a multi-actor collaboration in handling crisis management. It can be said that this Covid-19 pandemic is a great crisis that has hit all countries in the 21st century. Governments cannot be the only actor to solve this problem in its control. Collaboration with diverse actors is critical, which is why the Indonesian government took a position to collaborate with numerous parties during Covid-19 in Indonesia. It begins with universities, research institutions, and industry.

The Indonesian government quickly resolved the second wave of Covid-19 caused by the Delta variant. The second wave, which had a peak per day, reached 51.952 people infected as of July 17, 2021 (Aditya, 2021), and hundreds of people died every day. In less than two months, the government could reduce the number of viruses spread by hundreds of people per day (Mufarida, 2021). The success of this government received much appreciation from many parties, especially from abroad (Azizah, 2021; Junita, 2021; Mufarida, 2021).

The main question in this paper is how has the Indonesian government implemented collaborative crisis management in controlling the second wave of Covid-19 in Indonesia? The pandemic is not over yet. Wave after wave of Covid-19 may continue to haunt many countries in the world, including Indonesia. However, it is hoped that this article can provide a comprehensive explanation regarding the handling of Covid-19 in Indonesia in this second wave, which will be a lesson for many parties.

Collaborative Crisis Management in Controlling Covid-19: Special Institutions for strategic policymaking and collaboration maps from various actors

Recent advances in political science, public administration, public management, and related disciplines and subfields have significantly improved our understanding and knowledge of collaborative governance and management on various critical fronts (Nohrstedt et al., 2018). Collaboration is critical at every stage of a crisis. Managing crises is a collaborative endeavor that necessitates close collaboration between response organizations. Effective crisis management and decision-making require effective communication, collaboration, and a shared understanding of the crisis's progression among all stakeholders. Numerous studies

document how ineffective inter-organizational communication contributes to a lack of awareness (Benali & Ghomari, 2017)

The crisis management literature focuses on systems capable of responding effectively to crises and catastrophic disasters, such as robust command and control systems and collaborative networks. Networks are collaborative and comprise non-bureaucratic organizations that operate independently of government and other partners (Ustun, 2014). Anticipating risks and allocating sufficient resources to mitigate the effects of catastrophic disasters on people and society is a fundamental principle of good governance. Many accountable organizations must collaborate across sectors to prepare for and respond effectively to complex emergencies. A 'whole-of-government strategy, and frequently even a 'whole-of-society approach,' is required to provide social security. As a result, collaborative governance and response to crises are necessary. Since the 1960s, social science research has focused on the related phenomena of coordination, cooperation, and collaboration (Parker et al., 2020). Collaboration is necessary to effectively respond to crises, emergencies, and disasters (Nohrstedt, 2016; Wicaksono, 2018, 2019).

Collaborative approaches to crisis management ("collaborative crisis management," in short) are defined broadly as "the coordinated efforts of multiple autonomous actors across organizational boundaries, levels of authority, and sectors to prepare for, respond to, and learn from risks and extreme events that disrupt modern society" (Bynander & Nohrstedt, 2019). In policy circles and scholarly discourse, there is a strong emphasis on the advantages and benefits of collaboration. More complex and large-scale emergencies, on the other hand, necessitate the mobilization of a broader network of organizations. Safety and security are contingent upon the capacity of diverse actors and stakeholders to collaborate across organizational boundaries (Bynander & Nohrstedt, 2019).

In controlling the Covid in Indonesia, the government seems to be implementing Collaborative crisis management. Because Covid-19 is a new problem, where the resolution takes much time, the government swiftly formed a new institution that became a node for collaboration and coordination of various actors involved in handling Covid in Indonesia. The government here remains the central figure in various decision-making regarding related policies. However, the government also involves various actors from various sectors and levels of government, collaborates with academics, and invites the private sector to mobilize capabilities in jointly controlling the spread of Covid-19.

Empirically, the government was initially only focused on handling health by forming a Covid-19 control task force where the Head of the National Disaster Management Agency concurrently served as chairman. However, over time, the government later felt it was essential to take more measured policies because the Covid did impact public health and almost all other sectors, especially those related to the economy. As a result, the Committee for Handling Covid-19 and National Economic Recovery (KPCPEN) was established to facilitate crisis management collaboration. As a result, health is a policy priority that considers national economic recovery policies.

Presidential Regulation Number 82 of 2020 (later amended by presidential regulation number 87 of 2021) is the regulation that forms the basis for the formation of a special

institution called KPCPEN. This special institution becomes the foundation for Covid-19 control and national economic recovery policy-making. KPCPEN itself consists of 3 parts. The first is the Policy Committee, where this committee focuses on making strategic policies regarding Covid-19 control and national economic recovery. This committee consists of ministers who are cross-sectoral related to Covid-19. Second, there is a task force for Covid - 19. This task force is responsible for implementing health-related policies determined by the policy committee. The third is the national economic recovery task force, responsible for implementing policies aimed at reviving the nation's economy following the pandemic. The structure of the KPCPEN is shown below.

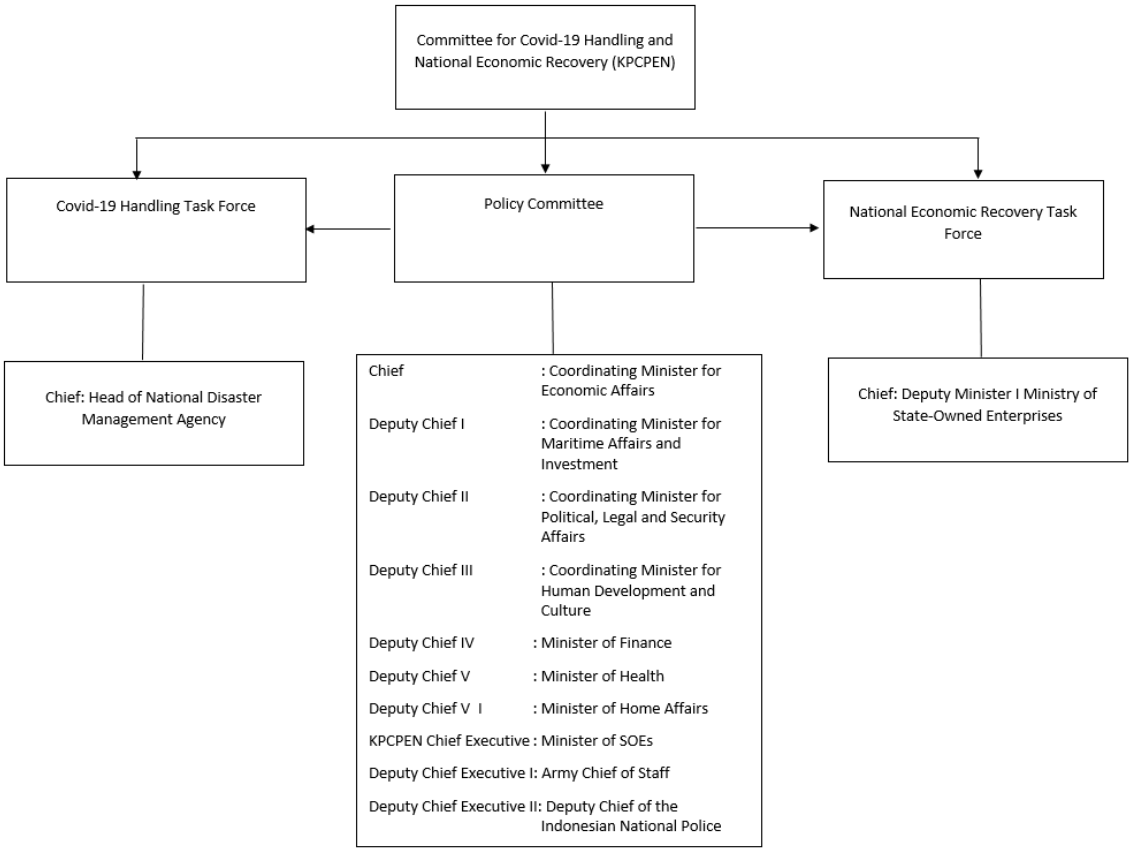

Figure 1. Organizational Structure of the Committee for Handling Covid-19 and National Economic Recovery (authors' compilation)

As can be seen from figure 1, the policy committee plays a vital role in formulating various policies quickly and accurately. The policy is made based on various considerations from the ministers in the KPCPEN Policy Committee. In implementing the policies that have been decided in the policy committee, two institutions, namely the Covid-19 Task Force relating to health and the National Economic Recovery Task Force, carry out policies in the field of economic recovery affected by Covid-19. In implementing these policies, the Covid-19 Task Force and the National Economic Recovery Task Force have instructed all ministries and state institutions at the central and regional levels to implement the policies set by KPCPEN.

Departing from the implementation of the policies made by KPCPEN, broader collaboration is needed from various parties focused on government actors and involving

research institutions, universities, the private sector, and other actors in controlling the Covid in Indonesia. The following is a chart of collaboration crisis management in controlling the Covid in Indonesia.

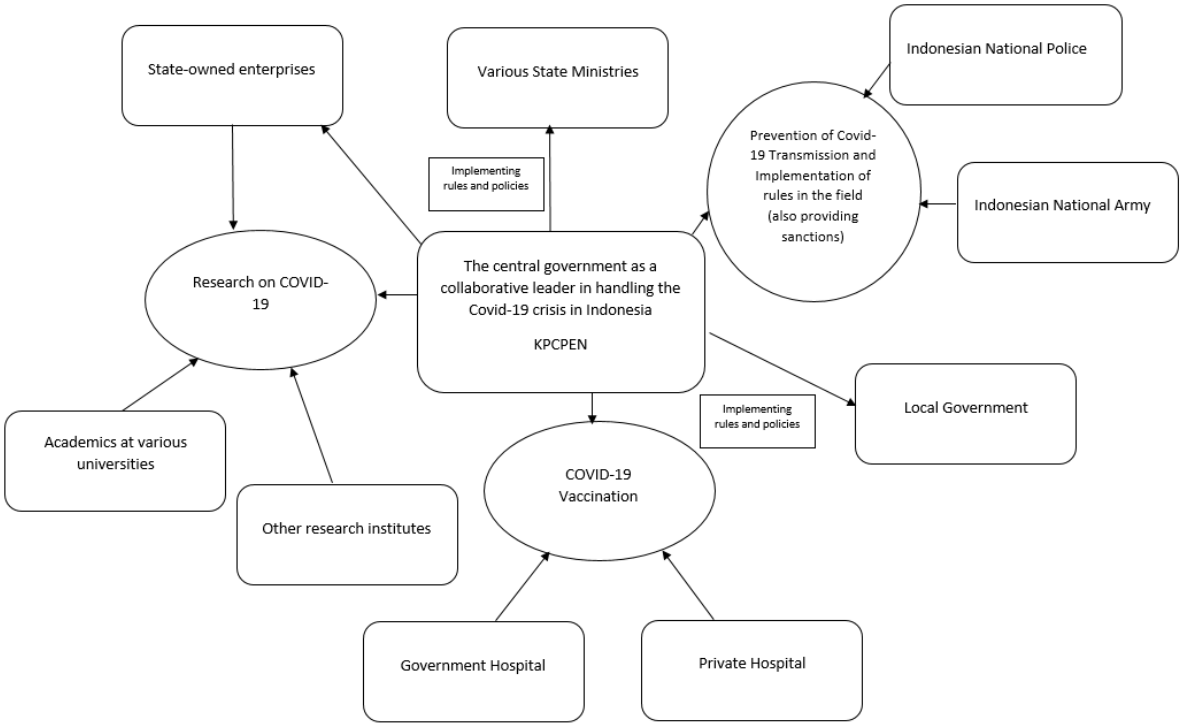

Figure 2. Maps of collaborative crisis management in handling the Covid-19 in Indonesia (authors compilation)

In figure 2, it can be seen that the central government, in this case KPCPEN, is the leader of collaborative crisis management in controlling the Covid in Indonesia. After deciding the policy, the central government implements the policy in various ministry agencies and local governments. Concerning preventing the spread of Covid-19, the government has deployed the Indonesian National Armed Forces, the Indonesian National Police. Regarding research on Covid-19 (including domestically made vaccines and Covid-19 drugs), the government collaborates with various state-owned enterprises, mainly state-owned enterprises engaged in the health sector such as Biofarma, etc. Then there are also academics from various universities in Indonesia and other research institutions. In carrying out the vaccination process for the community, the government collaborates with government hospitals and private hospitals. This collaboration is essential, considering that providing vaccines for the Indonesian people affects herd immunity.

Strict Implementation of Rules: One of the Keys to Success in Facing the Second Wave of Covid-19

The peak of Covid-19's second wave in Indonesia (July-August 2021) has passed. Numerous countries have lauded Indonesia's efforts to reduce Covid cases in a relatively short period significantly. The government asserts that this is the result of all segments of the Indonesian nation, including those who adhere to the government's health protocol and

participate in the government's free vaccine program. Two policies influence Covid-19, namely implementing restrictions on community activities (PPKM) and massive vaccines given to Indonesian citizens.

Indonesia initially implemented a large-scale social restriction policy (PSBB) to contain the spread of Covid-19. The PSBB policy is a policy whose position is in the middle, in the sense that it is still concerned with public health but does not cover all activities, especially those related to the economy as a whole. So this policy is a moderate policy, unlike the lockdown, which has almost closed all economic activities and is more concerned with health factors. Although this policy has drawn much controversy, it continued to be implemented in 2020, then on January 11, 2021, and would be replaced with the Enforcement of Community Activity Restrictions (PPKM) regulation. This policy is the central policy imposed by the government in overcoming the second wave of the Covid-19 pandemic, which began to take many victims in May 2021. PPKM is a central government policy, whereas Large-Scale Social Restrictions (PSBB) is a regional government responsibility. PPKM has been renamed numerous times, including PPKM, Micro PPKM, Emergency PPKM, and PPKM levels 1-4. The dynamics of name changes, and changes to the PPKM policy itself result from the government's ongoing evaluation of which policies to implement. However, this has caused much criticism from various circles in Indonesia because these various name changes have confused the community. At the peak of the second wave, the government implements the PPKM Level 4 rules, where the rules are as follow:

On July 3-25, 2021, PPKM Level 4 would reduce daily confirmed cases to less than 10,000. This program was implemented in 136 districts/cities throughout Indonesia, with treatment levels differentiated according to assessment value, determined using indicators of transmission and response capacity, including hospital bed availability. This program was successful because, between August and September 2021, Covid-19 cases decreased precipitously, reaching hundreds per day in October 2021. The tightening of activities included the following (Arnani, 2021; Tambun & Ovier, 2021):

1. "100% worked from home for the non-essential sector;
2. All teaching and learning activities were conducted online;
3. For essential sectors, a health protocol might apply to a maximum of 50% of working staff away from the office (WFO), while for critical sectors, a health protocol might apply to a maximum of 100% of WFO. The essential sector coverage included finance and banking, capital markets, payment systems, information and communication technology, non-quarantine handling hotels, and export-oriented industries; the critical sector coverage includes energy, health, security, logistics and transportation, food and beverage, and supporting industries, petrochemicals, cement, vital national objects, disaster management, national strategic projects, construction, and essential utilities (electricity and water).
4. Activities at shopping centers/malls/trading centers were closed;
5. Restaurants and restaurants did not accept dine-in;

6. Implementation of construction activities (construction sites and project sites) operated 100% by implementing stricter health protocols;
7. Places of worship (mosques, prayer rooms, churches, temples, monasteries, and pagodas, as well as other public places that function as places of worship) did not hold worship together (congregation) in place, and worship was carried out at their respective homes/residences. ;
8. Public facilities (public areas, public parks, public tourist attractions, and other public areas) were temporarily closed;
9. Art/cultural, sports, and social activities (locations of arts, culture, sports facilities, and social activities that could cause crowds and crowds) were temporarily closed;
10. Public transportation (public transportation, mass transportation, taxis (conventional and online) and rental vehicles) was enforced with a maximum capacity setting of 70% by implementing stricter health protocols;
11. Wedding receptions might not be held;
12. Travelers using long-distance transportation modes (airplanes, buses, and trains) had to show a vaccine card (minimum vaccine dose I) and H-2 PCR for airplanes and antigen (H-1) for other long-distance transportation modes;
13. The regional government, Indonesian National Army, and Indonesian National Police carried out strict supervision of the implementation of the above tightening of community activities, especially in point 3;
14. 3T (testing, tracing, and treatment) had to be continuously improved. Testing should be increased to at least 1 per 1000 population per week and maintained until the positivity rate falls below 5%; testing for suspects should be increased. Specifically, those who were symptomatic and in close contact should be traced until >15 close contacts per confirmed case were identified; those identified as close contacts should be quarantined. Once confirmed, immediate contact with close contacts should be ruled out, and quarantine should be instituted. If the test results were positive, isolation was necessary. Quarantine should be maintained if the examination results were negative. On the fifth quarantine, an exit test had to be performed to determine whether the virus was detected after/during the incubation period. If the result was negative, the patient had completed his or her quarantine period. Comprehensive treatment had to be provided and tailored to the severity of the symptoms. Hospitalization was only necessary for patients with moderate, severe, or life-threatening symptoms. To prevent transmission, isolation had to be strictly enforced.
15. Achievement of vaccination targeted of 70% of the total population in priority cities/districts no later than August 2021."

Vaccinations integrated with the PeduliLindungi application

The primary way various countries control the spread of the virus is by implementing a Covid-19 vaccination program. In Indonesia, the first Covid-19 vaccination was carried out on January 16, 2021, where President Joko Widodo was the first to receive a vaccine under the Sinovac (Saptoyo, 2021). Starting from that day, Indonesia rushed to inject vaccines to various groups (especially medical personnel as a priority for vaccine recipients) for free. In the beginning, Indonesia only had one vaccine brand, Sinovac. However, to Pfizer, Indonesia has been allocated vaccines with other brands such as Sinopharm, AstraZeneca, and Moderna. (Ratriani, 2021). The vaccine has been distributed to the public to minimize Covid-19 symptoms and prevent people exposed to Covid-19 from creating severe symptoms. Besides, of course, the injection of vaccines is accelerated to achieve a state of herd immunity of 70 percent (Pangastuti, 2021), where this situation is a safe state to conquer the Covid-19 virus in Indonesia theoretically.

As has happened in other countries, initially, many people in Indonesia did not believe in the effectiveness of vaccines in strengthening the body's immunity to avoid Covid-19. Many people believed Covid-19 did not exist in Indonesia and was merely a component of a global conspiracy. Many also believed in hoax news circulating in various media, especially social media, that the Covid-19 vaccine was not halal for Muslims (the majority of the Indonesian population) and contained a chip that can monitor human life. These hoaxes then became a challenge for the government to implement the Covid-19 vaccination program in the broader community.

When the situation with Covid-19 deteriorated, the government issued regulations that compelled the public to be vaccinated slightly, as it is known that those who have been vaccinated will receive a digital certificate in the PeduliLindungi application. The Indonesian government uses PeduliLindungi, a Covid-19 tracking application, to track digital contacts. This application was developed in collaboration with the Committee for Handling Covid-19 and National Economic Recovery (KPCPEN), the Ministry of Communication and Informatics, the Ministry of Health, and the Ministry of State-owned Enterprises. On August 23, 2021, Coordinating Minister for Maritime Affairs and Investment Luhut Binsar Panjaitan announced that the government attempted to make the PeduliLindungi application a mandatory requirement for users of public transportation such as trains, buses, trains, and crossings. At the moment, aviation transportation users had to submit a new application. In addition, shopping centers, industrial plants, and outdoor sports facilities were encouraged to require this application for admission.

PeduliLindungi uses the phone's GPS feature to track its users' whereabouts as a digital contact tracing application. Each user's cell phone will exchange anonymous identities in the same GPS range and store the data for 14 days. This tracking is helpful to find out if someone has been in close contact with a suspected case, confirmation, and close contact. In addition, this tracking can also notify users when they are in the red or green zone, along with data on Covid-19 cases in that place.

PeduliLindungi also provides a remote doctor consultation service, a teledoctor. This feature collaborates with several health service parties, such as Halodoc, Telkomedika, Good

Doctor, and Prosehat. This feature can be used by people who experience symptoms or are self-isolating.

Vaccination registration and download of vaccination certificates can also be done through this application. Vaccination certificates can be downloaded 1-3 days after vaccination. However, vaccination data may not be listed on the application until then, so the public should contact PeduliLindungi by email.

Conclusions

As a developing country affected by Covid-19, Indonesia could quickly pass the second wave. This result was because of numerous parties collaborating to control the Covid-19 in Indonesia, particularly during the second wave. As the leader of collaboration in controlling Covid-19, the government made KPCPEN the only institution that has made policies regarding the Covid 19, both in the health sector and in the field of national economic recovery.

In addition, the government firmly enforced those imposed in the community, especially during the Emergency PPKM period, which later changed to PPKM Level 1-4. All community activities were closely monitored so that no one could violate the health protocols that the government had set. Furthermore, the government was also trying to accelerate the vaccination program provided free of charge for all Indonesian people. Although many hoaxes were scattered in the community, the government had been trying to straighten out the information in various ways.

The government also strategically required vaccination in various government administration arrangements and traveling by land, sea, or air. This rule then inevitably limited people's movement and made people more motivated to get vaccines. The vaccinations given have been then integrated with the care-protect application, which displays vaccination data, trips, patient contacts, and other important information. These things made multi-actor collaboration in controlling Covid-19 in Indonesia run well and quickly got out of the second wave.

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