

Assessing Policies, Practices and Impact of Actions and Policies in Handling Covid-19 Pandemic: Comparative Studies of Bangladesh and Indonesia

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Abstract

This article aims to describe how Bangladesh and Indonesia face problems of good governance, especially aspect accountability, when conduct health diplomacy and communication in handle Covid-19 issues. This is qualitative research and constructivism approach, which using the content analysis method to find out such of Bangladesh and Indonesian government statements, policy and action in handling Covid-19 pandemic crisis. By using content analysis, the article found that both of Bangladesh and Indonesian developed in a “un-smart”, “un-systematic”, “un-objective”, and “un-visionary” way in handle diplomacy and communication in global health crisis. It shows how important of good governance of health diplomacy and communication, including preparedness in health disaster mitigation in a country to handle such of effects of global health crisis.

Keywords: Bangladesh- Indonesia, Good governance, Health Diplomacy and Communication.

Abstrak

Artikel ini bertujuan untuk mendeskripsikan bagaimana Bangladesh dan Indonesia menghadapi permasalahan good governance, khususnya aspek akuntabilitas, ketika melakukan diplomasi kesehatan dan komunikator dalam menangani isu Covid-19. Ini adalah penelitian kualitatif dan pendekatan konstruktivisme, yang menggunakan metode analisis isi untuk mengetahui seperti pernyataan, kebijakan dan tindakan Bangladesh dan pemerintah Indonesia dalam menangani krisis pandemi Covid-19. Dengan menggunakan analisis isi, artikel tersebut menemukan bahwa bahasa Bangladesh dan bahasa Indonesia berkembang dengan cara yang “tidak cerdas”, “tidak sistematis”, “tidak objektif”, dan “tidak visioner” dalam menangani diplomasi dan komunikasi di bidang kesehatan global. Hal ini menunjukkan betapa pentingnya tata kelola diplomasi dan komunikasi kesehatan yang baik, termasuk kesiapsiagaan dalam mitigasi bencana kesehatan di suatu negara untuk menangani dampak krisis kesehatan global tersebut.

Kata kunci: Bangladesh- Indonesia, Good governance, Diplomasi dan Komunikasi Kesehatan.

INTRODUCTION

The term “good governance” is unsettled in its meaning (Nanda, 2006). Through the 1980s and 1990s, donor countries and institutions trended to make aid conditional upon reforms in the recipient country, which was found largely ineffective in encouraging real policy changes. More recently, donors, such as the International Monetary Fund, the World Bank, and the United States, are increasingly insisting upon performance and good governance as a prerequisite for aid, a practice called “selectivity.” This is a means of requiring a recipient state to demonstrate the seriousness of its commitment to economic and social reforms. There are no objective standards for determining good governance: some aspects include political stability, the rule of law, control of corruption, and accountability. High levels of poverty and weak governance are linked, making selectivity difficult to implement. For reforms to succeed, domestic support, ownership, and commitment are crucial, as are the recipient's cultural context and history (Kaufmann, Kraay, & Mastruzzi, 2005).

It is proposed that government, being the tangible expression of the legitimate authority within an organised society, has undergone a long transformational journey since its very emergence. The various evolutionary forms and features of the government have been the product of its meaningful and viable responses to the changing expectations of the people as well as to the challenges they faced in an ever-

changing environment. The exclusive domain of the state over the period became a shared space with inclusion of other actors and stakeholders, and an era of governance was ushered in since the 1980s. However, the universal model of good governance should take into account the national and local constraints of a society. Thus, the idea of good governance must face various types of challenges in the developing as well as underdeveloped societies (Nag, 2018).

At the present time, the burning issue of the world is a new and exceptional infectious virus disease called coronavirus disease 2019 (Covid-19). In late January, the steadily spread of coronavirus across the world became a serious health issue and health threat. Extreme acute respiratory coronavirus-2 (SARS-CoV-2) is a virus that constantly attacks the immune system's effectiveness in infected people. Bangladesh is the third most affected country in South Asia, and the seventeenth most affected country in the world (Devi & Ahmed, 2021). The total population of Bangladesh is 165,971,278 people of the latest United Nations data and Bangladesh rank number is eighth in the list of most populous country in the world. The first three COVID-19 cases were reported in Bangladesh on 8 March 2020 in capital city Dhaka by the Institute of Epidemiology Disease Control and Research (IEDCR) and first death confirmed on 18 March 2020 (M. H. Rahman, Zafri, Ashik, Waliullah, & Khan, 2021). Within one month, as of April 6, the country has reached 123 confirmed cases, with 12

number of deaths and 33 numbers of recoveries (M. R. Rahman, Islam, & Islam, 2021). As of April 5, 2021, there have been 637 364 confirmed COVID-19 cases and 9266 deaths in Bangladesh (World Health Organization, 2020).

Indonesia, the largest archipelago country in the world. The total population of Indonesia is 273,524,000 people (Lee, Lee, Kim, Moon, & Nam, 2021) and Indonesia rank number is fourth in the list of most populous country in the world. The first two COVID-19 cases were reported in Indonesia on 2 March 2020, then the virus rapidly spread to all 34 provinces in this country by April 9, 2020 (Caraka et al., 2020). President Joko Widodo reported the first COVID-19 patient in Indonesia. The Covid-19 virus has spread in Indonesia with alarming speed. Within one month, as of April 2, the country has reached 1790 confirmed cases, 113 new cases, with 170 number of deaths, and 112 number of recoveries (Djalante et al., 2020). As of 5 April 2021, the Indonesian Government has announced 1,537,967 confirmed cases of COVID-19 in all 34 provinces of Indonesia with 41,815 deaths (UNICEF Indonesia, 2021).

As a country with the highest death toll due to COVID-19 in Southeast Asia, the Indonesian government, like other countries around the world, has taken a variety of protective measures to fight the COVID-19 pandemic, including widespread social and physical separation, a more hygienic lifestyle, self-quarantine, lock-down, and travel restrictions among area residents (Hizbaron, Ruslanjari, & Mardiatno, 2021). The Indonesian government implemented social distancing regulations almost all provinces in Indonesia. A huge public awareness initiative was launched to educate and alert

people about the emerging epidemic, as well as include guidance about how to prevent it (Sulistyawati et al., 2021). Therefore, this is important to examine and compare the policy related to the pandemic in Bangladesh and Indonesia. Comparing the two countries is interesting since both countries have experienced a high number of death tolls, especially in the density areas. This topic is also relatively neglected by the scholars of public health as well as international relations. Thus, in the subsequent paragraph, the authors would like to review some previous literature in order to understand how some countries handle the pandemic situation. It is expected that this paper would contribute to the body of literature especially related to government and COVID-19 policy in the third world.

LITERATURE REVIEW

COVID-19 is a difficult task for all governments, particularly those with low state capability. It is necessities a coordinated and adaptive strategy from the "whole of government" and "whole of society." The danger of the research done with COVID-19 is a concern to public health in this study. As of December 31, the WHO was notified by the Chinese health authority about several instances with no discernable cause. The Han seafood market, Han and Lushan cases originated in Wuhan, Hubei Province, and they were discovered in close proximity to it (Hui et al., 2020).

No doubt human diseases are highly infectious. When all is said and done, globally, it has been going on for over five decades. But this virus is fundamentally different, and much more severe. In this respect, the case of the pandemic, there is a legislation It was affirmed in the

Amendment of the Epidemic Disease Act of 1973 that the government should undertake to stop the epidemic and perform the task of determining the extent of the outbreak. The policies implemented by the government have resulted in numerous stapeses having to be seized and removed, thereby hindering the spread of the disease (Bhuiyan, 2021). Previous research has shown that during the early stages of the epidemic, the Indonesian government was concerned about the disease and took several strategies, policies, and diplomacy to avoid the spread of coronavirus disease and overcome the difficult situations.

With a population of 272 million, Indonesia is the most populous country. Because of the poor quality of health facilities and limited health resource, the risk of suffering the most because of the coronavirus pandemic is rising. This is shown by the fact that the number of cases continues to increase, placing it second in the area behind Singapore, and the mortality rate of 8,9 to 9% is among the highest in Southeast Asia and the world. The Indonesian government has implemented several initiatives, including quarantine, large-scale social restrictions, travel bans for international tourists to Indonesia, and domestic travel restrictions. A stimulus package worth 405 trillion Rupiah (USD 26,4 trillion) has also been announced (Djalante et al., 2020).

The government has taken several steps to minimize the impact on three sectors of the Covid-19 pandemic (health, socio-economy, and the business). In the health sector, for example, the Government has provided medical personnel with medical support facilities, created emergency hospitals for Covid-19 patients seeking referrals (Susanto et al., 2021). About two weeks after confirmation of the

first two cases, the government established a task force (*Gugus Tugas*) to speed up COVID-19 handling by means of a President's Decree (Hidayati, 2020). Only on March 31st, 2020, the president issued a large-scale social distancing scheme, allowing local governments to restrict the movement of people and goods in and out of the region unless the Health Ministry grants permission. In addition, the policy stipulates those schools and workplace will be closed, religious practices will be restricted, and public activities will be restricted. These laws, however, were not strictly enforced. Just 14 of Indonesia's 34 provinces have adopted this strategy. The president declared the COVID-19 outbreak a national catastrophe at the end of the month (Rosemary, Nur Rochimah, & Susilawati, 2022).

According to a previous report, the number of cases in the western region was higher than in the middle region at the start of the outbreak. Since the citizens of the Middle East are taking precautionary measures in the midst of the outbreak. People in the western area, on the other hand, will still need to go to school and work. In the beginning, there were no strict rules in place to regulate their social interaction. Furthermore, the Indonesian government recently ruled out physical distancing orders by the end of March (Rosemary et al., 2022).

A massive amount of testing is needed to monitor the spread of COVID-19. President Joko Widodo declared on March 19, 2020, that Indonesia will perform major testing by conducting rapid detection tests on residents. This test will employ newly created serology-based testing kits. The results will be available in 10–30 minutes, which is significantly faster than the PCR test (Djalante et al., 2020).

Previous studies have shown that the government of Bangladesh takes steps and policies to prevent the rapid spread of coronavirus disease. The government immediately imposed a national curfew, closed schools, and suspended all flights from Europe except those from the United Kingdom. All travellers who entered the country were subjected to a 14-day mandatory quarantine and self-isolation beginning March 16. The government has been using armed forces to encourage social distance and disease prevention since March 24. All mass gatherings, such as social, political, and religious gatherings, are prohibited (Anwar, Nasrullah, & Hosen, 2020).

Diplomacy as a concept introduced by Europeans and Americans in the 20th century continues to be developed in the 21st century as a very important scientific cluster for scientific studies and practitioners in international relations. By definition diplomacy according to diplomacy is the main instrument of a country as an intangible national power. This foreign policy instrument is a peaceful and theoretical tool used by a country to achieve its national interests (Ang, Isar, & Mar, 2015; Brown, 2001). Diplomacy as the main instrument of foreign policy that represents the broader goals and strategies of the country in the context of state interactions with the international community globally. This usually manifests itself in international agreements, alliances, and foreign policy manifestations which are usually the result of negotiation and diplomatic processes. Diplomacy also closely related to communication skills. Communication also a very important aspect that every representative of the country (diplomat) must have to convey the interests of a

country to the international community (Constantinou & Sharp, 2016).

Practical diplomacy is a form of international communication both verbally and non-verbally with the aim of conveying an important message. Diplomacy is a combination of science and the art of negotiation or a strategy to convey messages through negotiations that aim to convey the national interests of a country in the fields of politics, economy, trade, social, culture, defence, military, and various other interests in international relations (Jönsson & Hall, 2003).

It can also be said that diplomacy is a process carried out by an actor who represents a country in an international system that is involved in negotiations both personally and publicly to achieve interests in a peaceful manner. From the two definitions above, it can be concluded that the concept of diplomacy in general is communication practices carried out to achieve national interests, be it hard politics or low politics. According to Hans J Morgenthau, the national interest is closely related to the territory of power and trust. The relationship with Power in this context is that every country has the power to influence other countries, so that they can achieve certain goals. Every country has its national interests which cannot be achieved without the help of the international community (Liu, 2013).

Global Health Diplomacy

The emergence of the theory of global health diplomacy is influenced by the development of issues experienced by the international community, namely global health issues, especially the issue of the pandemic outbreak. The theory of "Medical Diplomacy" was introduced in 1978 by Peter Bourne, the president's

special assistant for health issues during the Carter administration. The emergence of certain humanitarian problems, especially health, can be the basis for building dialogue and bridging diplomatic barriers globally, because previously the state only focused on overcoming traditional problems (Katz, Kornblat, Arnold, Lief, & Fischer, 2011). Furthermore, Governments and International Organizations are increasingly embracing Global Health Diplomacy as a tool to simultaneously run programs and improve health and international relations (Katz et al., 2011).

Various countries are starting to realize that threats to health issues can also have an impact on various aspects and pose a global crisis threat, especially on the issue of disease outbreaks that cross national borders. Although the term Global Health Diplomacy has entered the mainstream, it has many very different meanings. These generally fall into three different categories of interactions surrounding international public health issues: (1) Core Diplomacy; Formal negotiations between countries, (2) Multistakeholder diplomacy; A negotiation between or between states and other actors, does not necessarily lead to a binding agreement; and (3) Informal Diplomacy; Interactions between international public health actors and their counterparts in the field, including officials of host countries, non-governmental organizations, private sector companies, and the public (Katz et al., 2011).

RESEARCH METHOD

This is qualitative research and constructivism approach, which using the content analysis method to find out and compare to such of Bangladeh and Indonesian government statements, policy

and action to handle coronavirus crisis. Comparative study is the act to observe two or more things to discover the relationships or to estimate the differences and similarities. From the logical point of view, an act of comparison implies objects (which can obviously be subjects, groups, institutions, cities, countries, etc. (Roig-Tierno, Gonzalez-Cruz, & Llopis-Martinez, 2017). Comparative study is study analyses which compare two or more objects or ideas. Comparative study is the studies to demonstrate ability to examine, compare and contrast subjects or ideas. Comparative study shows how two subjects are similar or shows how two subjects are different (Zhao & Liu, 2020). According to Alexander Stafford, comparative analysis is a methodology in political science that is often used in political study systems, institutions or processes. This can be done on a local, regional, national and international scale. Research aims to develop greater political understanding through scientifically limited methodologies (Abou Samra, 2021). Comparative analysis has several important functions, especially in improving people's understanding by placing structures and routines that are well known to the system (understanding). Then build a high level of community awareness of a system, culture, and patterns of thinking and acting (awareness). The existence of comparisons allows for testing of theories in various settings, as well as evaluating the scope of certain phenomena (generalization).

RESULT AND DISCUSSION

Bangladesh Case

Coordination among central – local government

During the COVID-19 crisis, coordination and accountability are critical aspects in building a successful response. Collaboration and coordination between the central and local governments in developing an effective response to the COVID-19 problem. Bangladesh faces numerous obstacles as a developing country, including a big population, inadequate health resources, and a lack of infrastructure, among others. In Bangladesh, health security is a significant concern (M. H. Rahman et al., 2021). During the pandemic, the Bangladeshi government has already taken a number of precautionary steps, including declaring COVID-19 hotspots and enforcing shutdowns.

The government has formed a nationwide plan for COVID-19 called "The National Preparedness and Response Plan" through committees from the national to the Upazila (sub-district) levels as a response and action strategy. In March, the Ministry of Health and Welfare's Directorate General of Health Services created this strategy (Biswas, Huq, Afiaz, & Khan, 2020). As a result, effective reactions at the local level are required for the plan's fulfillment from the central level to the local level (Tiong, 2004).

The government has announced numerous food packages to aid the poor and low-income people as part of its COVID-19 reaction. It is critical to ensure the effectiveness of the "stay at home or home quarantine." The municipal government, on the other hand, is incapable of providing adequate service to the citizens. As a result, relief contributions

for the destitute rural people have been misappropriated and not distributed. Due to a lack of coordination in the local administration, implementation has not been successful. The function of committees in Bangladesh to alleviate the impact of the COVID-19 pandemic is unsupportive and uncooperative among national and local government agencies (Shammi, Bodrud-Doza, Islam, & Rahman, 2021).

Communication of Government - Citizen

One of the measures to control the spread of coronavirus is public communication. Its role in the government's actions in the handling of COVID-19 is important. In March 2020, Bangladesh discovered the first three cases. The government then reacted to the major issue, but slowly. The Government, however, has taken strategic measures for COVID-19 management, including social and physical distance, work from home and social limitations. The effectiveness of such measures depends largely on positive communication with the public. But people do not keep social distance and do not keep the government rules. The government and politicians assess public consciousness to handle the COVID-19 outbreak in an emergency (Rana et al., 2021). Since both the public and government were unaware of the emerging problem. Communications on politics and health became a source of dispute. For the government and the person, this transition will be difficult. The government and citizens still have a significant gap and lack of cooperation in their answers to COVID-19 (Joarder, Khaled, & Joarder, 2021).

Indonesian Case

Diplomacy to international communities

A country's foreign policy must be geared towards its national interests to achieve its collective goals. Indonesia is regarded as a lack of diplomacy by foreign communities. Indonesia receives assistance in the face of sufficient problems at home to deal with this crisis from countries such as China and South Korea. Indonesia is diplomatically trying to alleviate the situation. Indonesian reactions so far show, however, that diplomacy is not positive as countries confront new challenges. As a result, diplomacy is more nationalistic than international society. It turns out that diplomacy must learn to react promptly and effectively as a member of the international society, especially in crisis or in tense conditions (Triwibowo, 2020).

Coordination among Central – Regional government

A lot of problems have occurred in Indonesia with the Corona virus (Covid-19). The government problem is one of management, especially the relationship between the central government and the regional authorities in the face of Covid 19's spread and the decentralized problems in health. The issue began with the

approval by President Joko Widodo of sending 238 Indonesians to Natuna Island for quarantine, from the town of Wuhan. The regional government of Natuna had nevertheless refused to declare its area a quarantine zone. The next issue was the appearance of a series of perplexing news both by the government and by the regional authorities, which had a host of negative cultural reactions. An example was a failure to react to Cov-19 situations by the central government and regional governments (Roziqin, Mas’udi, & Sihidi, 2021).

Communication of Government - Citizen

Government contact with the public is crucial to combat the Covid-19 pandemic. Like China, public communication is an important factor in supporting government action to deal with COVID-19. Public communication from the government will be a catalyst for community action. The government of Indonesia has implemented a range of strategic steps in combating COVID-19, including isolation, social and physical separation, work from home and Large-scale Social Restrictions (PSBB). There is poor discipline and understanding in society. As a result, the Indonesian Government has failed to enforce public communication (Herman, 2021).

Table 1. Case and Policy in Bangladesh & Indonesia in Handling Covid-19 (15 November 2020)

No	Aspect	Bangladesh	Indonesia
1	Total population	165,335,188	274,661,323
2	First case	8 March, 2020	2 March, 2020
3	Total Cases	432,333	467,113
4	Total Mortality	6,194	15,211
5	Total Recovered	349,542	391,991
6	Diplomacy to international communities	Lack of efficiency	Performance deficit

No	Aspect	Bangladesh	Indonesia
7	Coordination among central – local government	Lack of coordination between central and local government.	Lack of coordination/Miscoordination and mishandling between central and regional government
8	Communication of Government - Citizen	Gap and lack of coordination between government and citizen.	Gap and lack of coordination between government and citizen.

Discussion

There are several problems that emerged from the findings in the qualitative study because the pandemic situation did not combat and manage. The Government of Bangladesh and Indonesia has not been prepared to react adequately to the COVID-19 outbreak due to poor decision-making.

Various countries have implemented various policies and practices. But Bangladesh and Indonesia have some similarities. The developing countries are Bangladesh and Indonesia. The first registered COVID-19 cases were confirmed in Bangladesh and Indonesia, with the highest number of both confirmed cases, at the same time (8 March and 2 March, respectively). However, both the Bangladeshi and the Indonesian governments had 3 months since the disease first occurred in Chinese Wuhan, but it failed to develop proper policy and strategies, including the introduction of contact tracking and the introduction of a rapid detection kit (Hillier et al., 2020). The Indonesian government claimed, up until beginning of March, that in Indonesia there was no infection. President Jokowi has planned a discount of up to 30% to attract tourists in February when many countries impose strict travel restrictions (Lindsey & Mann, 2020).

Diplomacy is a key instrument for implementing the foreign policy of a nation. Diplomacy has developed to a

system that is not only the leading implementer, the state. The need to act quickly to overcome COVID-19 encourages the government to implement international cooperation as an international policy strategy to overcome the global pandemic of COVID-19. In order to ensure the access and available health supplies such as medicines and medical devices to deal with COVID-19, international coordination and cooperation are carried out in the face of the limitations in health resources available to Indonesia and Bangladesh (Firdaus, 2020). But the diplomacy between Bangladesh and Indonesia is complicated and inefficient for international communities. Low diplomatic and international communications skills.

For all governments, particularly those with limited state capacity like Bangladesh and Indonesia, the COVID-19 situation is very difficult and challenging. Coordination between "the entire government" and "the whole society" is essential. Various countries have adopted various policies, leadership, and structures. Bangladesh, without any state or province, has a unitary form of government. Indonesia, with 30 provinces, is also a unitary state. This means that the central government in the capital city controls all regions in Indonesia and Bangladesh. Indonesia, however, is the largest country in the world on the island. Indonesia has a complicated administrative system. The

Central Government has not cooperated with the local government to address the outbreak of COVID-19 and positive responses on understanding complex systems. The government of Bangladesh also failed and coordinated poorly with the local government.

The fact that public communication management was not efficient by the Government of Bangladesh and Indonesia resulted in poor management of the pandemic including imposition of locking systems. The Indonesian government gives the media the free rein to inform the public, which leads to the lack of public discipline and awareness in COVID-19 management (Herman, 2021). Initially, the government of Bangladesh did not impose strict protocols, and millions of people were on the streets, particularly in Dhaka which is a megacity of 46,000 people per square kilometre. Social distance seems to be tough. The Government of Bangladesh also fails to manage public communication (Rana et al., 2021).

The article also found that both of Bangladesh and Indonesian developed in a “un- smart”, “un-systematic”, “un-objective”, and “un- visionary” way in handle diplomacy and communication in global health crisis. Both of Bangladesh and Indonesian government as un-credible communicator. It shows how important of good governance of health diplomacy and communication, including preparedness in health disaster mitigation in a country to handle such of effects of global health crisis. Bangladesh and the leadership of Indonesia has been divided and the central government, the provincial governments, the militaries and religious leaders have been advocates of various approaches. The case management and monitoring

weaknesses of Indonesia have been observed.

CONCLUSION

The aim of this paper was to evaluate the management, including the preparedness of Bangladesh and Indonesia, of health diplomacy and communication. It shows that because of a lack of infrastructure, Bangladesh and Indonesia are unwilling to fight the COVID-19 outbreak. This pandemic, however, requires proper planning for disaster management by integrating diverse activities at national and local levels- The integration and communication of global health diplomacy into the new Bangladesh & Indonesian agenda. In health development, Bangladesh and Indonesia must learn from each other. In response to the COVID-19 pandemic, the government emphasises the importance of national politics, leadership, and values for influence on international cooperation. Both governments must take internationally coordinated action to address the major challenges and fight the pandemic situation of the COVID-19.

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