

COMPARATIVE STUDY OF GOVERNMENT POLICIES BETWEEN INDONESIA AND MALAYSIA IN THE CASES OF COVID-19 PANDEMIC

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ABSTRACT

Currently, the outbreak of the mutated corona virus disease (Covid-19) is happening almost all over the world without exception and has caused a tremendous impact on health and economic threats in all countries in the world. This study aims to provide an analysis of a comparative study of the Government policies adopted by 2 (two) countries between Indonesia and Malaysia. This study uses a qualitative approach to find out the similarities and differences in decision making when these two countries have to handle the same case in handling cases of the corona virus mutation disease outbreak (Covid-19). Whether the existence of culture, population, government system, and geographical location will influence policy making. The results of the study found that there were differences in policies between the Government of Indonesia and the Government of Malaysia, this is influenced by the analysis of policy dimensions between the two different countries. The Indonesian government tends to make policy decisions based on considerations by focusing the analysis on the dimensions of the process, prioritizing decentralized autonomy so that policies tend to change frequently. Meanwhile, the Malaysian Government makes policy decisions based on a focus on the substance dimension, which is more centered on one control and less in making policy changes for handling cases of the corona virus mutation disease (Covid-19). The Indonesian government, with the challenges of a much larger population and a wider geographical area consisting of an archipelagic country, is considered more capable of handling cases of the corona virus mutation (Covid-19) outbreak which can run more responsively, quickly, and precisely.

Keywords: Indonesia-Malaysia, Covid-19, Government Policy, Public Health.

INTRODUCTION

Early Cases of Spread of Coronavirus Mutation Disease (Covid-19)

The spread of the COVID-19 virus that had occurred in early 2020 made various countries in the world panic. Initial panic swept across the Americas and Africa. It is alleged that the COVID-19 virus originated in Wuhan, China, where the spread of the Corona Virus throughout the world is believed to have originated from a "wet market" in Wuhan, China that sells live and dead animals, including birds and fish. Such markets pose a higher risk of the virus being transferred from animals to humans because

hygiene standards are difficult to maintain if live animals are reared and slaughtered on site. (Rahmawati, 2020). The very fast transmission of the COVID-19 virus has made countries all over the world panic. Like the flu and cold viruses, the COVID-19 Corona Virus is spread through droplets when a sufferer coughs and sneezes. The droplets land on the surface of objects and stick to the hands of others which then spread further.

Data provided by the WHO Health Emergency Dashboard (as of 03 March, 10.00 CET) has reported a total of 87,137 confirmed cases worldwide since the start of the epidemic. Of these, 2977 (3.42%) have resulted in death.

About 92% (79,968) of confirmed cases were recorded in China, a location where nearly all deaths were also recorded (2,873, 96.5%). Of note, “confirmed” cases were reported between 13 February 2020 and 19 February 2020, including clinically confirmed and clinically diagnosed patients clinical from Hubei province (COVID, 19AD).

Meanwhile, COVID-19 vaccination programs in various countries have started, with each country recording a different percentage of vaccination coverage. Israel is the leading country in terms of vaccination, with 58.9 percent of the population having received two vaccine shots (Bramasta, 2021).

The Spread of the COVID-19 Virus in Indonesia

On March 2, 2020, at the Merdeka Palace, President Joko Widodo accompanied by the

Minister of Health at the time, Terwan Agus Putranto, announced the first case of COVID-19 in Indonesia. Two women from Depok, a mother (64 years old) and her daughter (31 years old) were reported positive for COVID-19 after contracting a foreigner from Japan. Then followed by the third and fourth case patients on March 6, 2020. The first and second cases in Indonesia were participants in a dance club event in Jakarta. Both were suspected of contracting the corona virus from a foreign national participating in the event. The Health Service and Police then carried out tracing and found at least 80 people who were exposed to the first and second patients. After testing, the third, fourth, fifth cases are still related to the Jakarta cluster or this dance club. (Nugro, 2020).



Figure 1. Data on COVID-19 Cases in Indonesia as of May 2021

Source: *JHU CSSE COVID-19*

Spread of the COVID-19 Virus in Malaysia

Since the World Health Organization (WHO) declared the corona virus (COVID-19) as a global pandemic on March 11, 2020. Launching worldometers.info, Malaysia ranks first since the entry of the COVID-19 virus into Southeast Asia, with the number of positive cases of corona virus infection (COVID-19) being the most in Southeast Asia, with 2,626 cases. Meanwhile, as many as 479 cases were

declared cured and 37 people died. As is known, Malaysia has implemented a policy of locking or locking the region since March 18, 2020. This policy was carried out as an effort to suppress the spread of the corona virus (COVID-19) in Malaysia. (Larassaty, 2020).

During the COVID-19 case in Malaysia, the number of sufferers increased, namely the number of infection cases rose again from April to early May. Malaysia's daily COVID-19 cases

have climbed to more than 2,000 since April 15, 2021, reaching 3,418 on Sunday, the most since February 24. As of Thursday (6/5/2021), Malaysia recorded 3,744 new infections and 17 deaths. This brings the total to 424,376 cases of infection and 1,591 deaths, with 32,939 active cases, according to Worldometers data. The Malaysian government detected the first case of the Indian variant of the coronavirus. Health Minister Adham Baba said the Indian variant B1617 was detected in Indian nationals who were checked at Kuala Lumpur International

Airport. The first case of the dual mutant COVID-19 strain detected in Malaysia was a foreign worker who traveled to Mumbai. The B1617 variant is also said to have triggered a massive spike in cases in India. Labeled 'variant of interest' by the World Health Organization (WHO), this variant has indications of mutations that affect the nature of transmission, the sensitivity of the test kit, severity of symptoms, to the ability of the virus to evade the immune system. (Arbar, 2021).

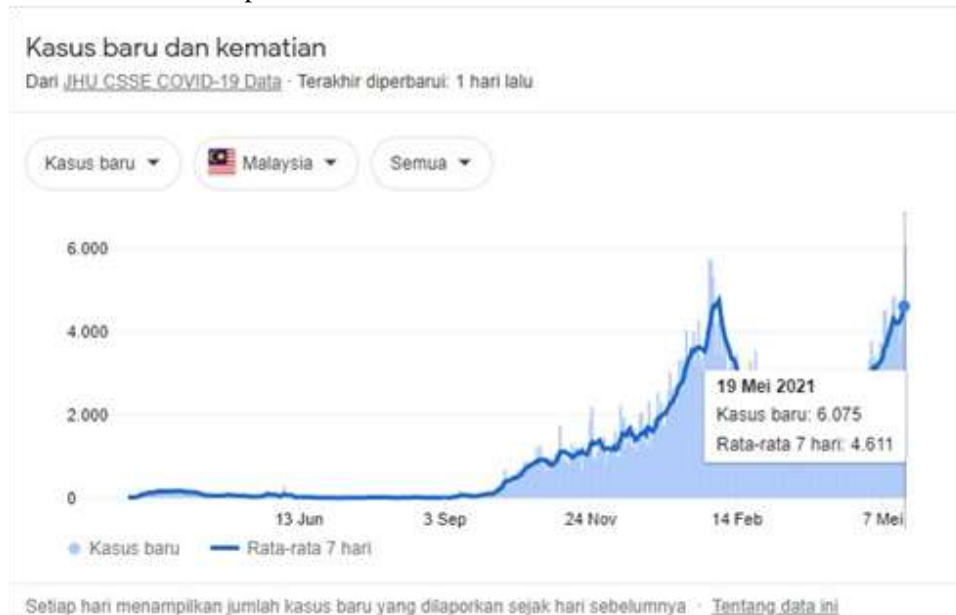


Figure 2. New Cases and Deaths in Malaysia

Source: JHU CSSE COVID-19

Efforts and policies of the Malaysian government have also been carried out, namely by implementing a total lockdown, restricting the movement of many people in one event, freezing political activities, the state of emergency has also given the government the authority to take over private hospitals when government facilities are in force, national emergency.

Based on the data and background presented above, Indonesia and Malaysia have implemented and taken policy steps to suppress and reduce the spread of the Covid-19 virus. The various efforts and policies that have been taken by the governments of the two countries certainly contain various dynamics in their implementation in the field. Indonesia with a very plural archipelagic character and Malaysia

with a country character that still has strong royal influence bring differences and similarities in the corridors of the Malay state. This study wants to provide a comparison of policies for handling the COVID-19 virus between Indonesia and Malaysia.

Research Urgency

This research is a comparative study conducted involving two countries, namely Indonesia and Malaysia, the interest involvement of two countries is to carry out bilateral comparisons between the two countries, whereas a representative of Indonesia is from the Political Science Study Program FISIB Universitas Brawijaya and as a representative of Malaysia is from SoIS (School of International Studies), College of Law, Government and International Studies

(COLGIS) Universiti Utara Malaysia (UUM). So the goal is to make a comparison of political policies carried out by special institutions formed by the governments of each country in handling the spread of the COVID-19 Virus so that the two countries can provide input to each other in the implementation of policies and efforts to handle the COVID-19 Virus in their respective countries. each based on the existing laws and regulations to improve the integrity of the country.

LITERATURE REVIEW

Policy Dimensions (Policy Anatomy)

In general, there are three dimensions in making public policy, namely the dimension of the content/substance/content of the policy, the dimension of the policy process, and the dimension of the policy context. The dimension of the policy content relates to the root or content of the problem to be addressed. The process dimension relates to the process that must be carried out to overcome or achieve the objectives of public policy policies, while the context relates to the situation in which there is a policy that lasts (Santoso, 2010).

Policy Implementation

Using the implementation proposed by Merilee S. (Grindle, 2017) where it is said that in general, the task of implementation is to establish a linkage that makes it easier for policy objectives to be realized as a result of government activity. Therefore, the task of implementation includes the formation of "a policy delivery system", in which certain facilities are designed and implemented with the hope of achieving the desired goals. Thus, public policy statements broadly about goals, objectives, and means are translated into programs of action intended to achieve the goals stated in the policy. Thus, various programs can be developed to respond to the same policy objectives. Action programs can be broken down into specific projects to be managed.

Policy Implementation Performance

To be able to determine the level of implementation of a policy, the performance measurement is something important. Therefore, an indicator is needed to determine the achievement of the performance of a policy that has been implemented. The indicators needed must meet the criteria for valid and reliable indicators. The characteristics of a good indicator are: (Purwanto & Sulistyastuti, 2012): (1) Having relevance to the policy or program to be evaluated; (2) Adequate, in the sense that the number of indicators we use can fully describe the conditions for achieving the objectives of a policy; (3) The data required is easy to obtain in the field so that it will not be difficult for the evaluator. In addition, the easy-to-obtain data will also save the energy, cost, and time required by the evaluator; (4) The indicators that we set up ideally also meet national standards, even better if they can meet international standards.

Policy evaluation

Policy evaluation is intended to see the causes of the failure of a policy or to find out whether public policies have been implemented to achieve the desired impact. In a shorter language, evaluation is an activity that aims to assess the "benefits" of a company policy (Purwanto & Sulistyastuti, 2012). Evaluation is a complicated and complex process. This process involves the various interests of the individuals involved in the evaluation process. Anderson identified that at least six problems will be encountered in the policy evaluation process. The six problems faced in policy evaluation are (Purwanto & Sulistyastuti, 2012): (1) Uncertainty over policy objectives; (2) Causality; (3) Diffuse policy impact; (4) Difficulties in obtaining funds; (5) Retention of officials; (6) Evaluation reduces impact.

COVID-19 Virus

COVID-19 is an infectious disease caused by a newly discovered type of coronavirus. This new virus and the disease it causes were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a

pandemic occurring in many countries around the world. (Covid-19, 2021). The cause of Corona Virus is a single-stranded virus (RNA) originating from the Coronaviridae group. Named coronavirus because of its surface shaped like a crown (crown/corona). Another virus that belongs to a similar group is the virus that caused Middleeast Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV) several years ago. However, this corona virus from Wuhan is a new virus that has never been identified in humans before, because this virus is also referred to as the Novel Coronavirus or 2019-nCoV. (Dinkes, 2021).

RESEARCH METHODS

Research Approach

This research was conducted using a qualitative approach. A qualitative approach was used because it was for the study which

wanted to describe descriptively the implementation of policies for handling the COVID-19 virus in Indonesia and Malaysia. Qualitative approach as said by (Creswell, 2010) Qualitative research is interpretive research, in which the researcher engages in ongoing and ongoing experiences with the participants.

In this study, the researcher is a lecturer from the Faculty of Social and Political Sciences, Universitas Brawijaya, and a lecturer from SoIS (School of International Studies) University Utara Malaysia. With research expertise in Politics, policy, and International Studies, it is said that this research was carried out by people with the appropriate capacity and expertise. The ability to read phenomena in the field will later be able to reveal problems that occur in the study of political policies in dealing with corruption in both countries, Indonesia and Malaysia. Some of the participants involved in this study needed to be able to dig deeper into the data.

Table 1. Research focus/sub-focus

Research Focus	Sub Focus/Correlation Aspect
Indonesian and Malaysian Government Policies in Handling the COVID-19 Virus Pandemic: A Comparative Study on Handling the COVID-19 Virus Pandemic.	<ul style="list-style-type: none"> ➤ The policy of the Indonesian government in dealing with the spread of the covid-19 virus in the country. ➤ The Malaysian Government's policy in dealing with the spread of the Covid-19 virus in the country. ➤ How will the Indonesian government handle the spread of the Covid-19 virus? ➤ How is the Malaysian government handling the spread of the Covid-19 virus? ➤ What are the problems with implementing policies to handle the spread of the Covid-19 virus in Indonesia? ➤ What are the problems with implementing policies to handle the spread of the Covid-19 virus in Malaysia?

Source: Processed by the Author

Data Analysis and Interpretation

A process that focuses on some data and ignores other parts. This process is also different from quantitative research where the researcher tries to retain all the data and reconstruct it by replacing the missing data. In qualitative

research, the impact of this process is to combine data into a small number of themes, namely five to seven themes (Sugiyono, 2010). The image above illustrates a linear and hierarchical approach built from the ground up, but in practice, I find this approach more interactive;

The various stages are interconnected and do not always have to be in the order that has been presented.

Techniques to Ensure Data Validity

In qualitative research, this validity does not have the same connotation as validity in quantitative research, nor is it parallel to reliability (which means stability testing) or generalizability (which means external validity of research results that can be applied to new settings, people, or samples). In quantitative research). Qualitative validity is an attempt to check the accuracy of research results by applying certain procedures, while qualitative reliability indicates that the approach used by researchers is consistent if applied by other researchers (and) for different projects. (Sugiyono, 2010).

RESULTS AND DISCUSSION

Strategies and policies of the Indonesian government in handling the spread of the Covid-19 virus

Government policies in each country in handling COVID-19 will not be the same, this depends on the characteristics of the country and the level of infection in a country. As stated by Informant Mr. X1 (Former Head of BNPB-RI):

"Each country in handling the COVID-19 pandemic has a different pattern of handling, including the handling in Indonesia and Malaysia which cannot be beaten evenly. Recently, European countries such as Germany and France, and the Netherlands also raised their hands because the spike in COVID-19 cases there had a drastic increase. Even the Indonesian Ambassador there, Mr. Hafas, said that many people in Europe are still stubborn. Therefore, in this case, the patterns carried out by various countries in handling the pandemic cannot be matched. The whole world must be shocked by this Covid, everyone must be confused. Some people believe that Covid exists, but not a few deny it."

(Zoom Meeting FGD, Joint Research Research, November 30, 2021)

In reality, the handling of COVID-19 has different dimensions of belief in society. This fact is not only found in Indonesia and Malaysia but also European countries, it is found that there are still many people who are stubborn in enforcing health protocols that are implemented by the local government as a policy decision. Therefore, the handling of the pandemic cannot be contested, it's just that in terms of policy construction, it can be compared in implementation and in emphasizing the spread of the COVID-19 virus. To take the practical side in implementing the implementation of government policies.

The process dimension does not only refer to the standard procedural rules regarding the legislation that must be passed, or how the parts of the small nodes move to each other towards certain achievements, but in the process dimension there is also a conflict model that takes place. In this conflict model, the process is understood as a battle of interests between various groups of policy makers (Nugroho, 2008). This is where the theory is (Grindle, 2017) in policy implementation is tested. This means that the government is viewed from the process by questioning whether the implementation of the policy is under what is determined (design) by referring to its policy actions. Are the policy objectives achieved? This dimension is measured by looking at 2 factors, namely: a). Impact or effect on society individually and in groups; b). The degree of change that occurs as well as the acceptance of the target group and the changes that occur.

Formation of Task Forces and Task Forces for Handling COVID-19

President Joko Widodo dissolved the Task Force for the Acceleration of Handling COVID-19 through Presidential Regulation Number 82 of 2020 concerning the Committee for Handling COVID-19 and National Economic Recovery. However, in this policy, the President has also formed a Task Force (Satgas) for Handling COVID-19. This is valid as of July 20, 2020, or since Presidential Decree 82/2020 was signed by President Jokowi. The legal basis for the disbandment of the COVID-19 Task Force is contained in Article 20 of the Presidential Regulation, which states to revoke Presidential Decree (Keppres) Number 7 of 2020 as amended

in Presidential Decree Number 9 of 2020 concerning the Task Force for the Acceleration of Handling COVID-19. The task of this agency was then transferred to the task force for handling COVID-19 at the Committee for Handling COVID-19 and National Economic Recovery. One of the characteristics of this COVID-19 disease is that it is easy to transmit, so it can quickly infect many people. This rapid spread can be illustrated by the red curve in the graph below. The curve will peak beyond the capacity of the health system to handle it.

Regional Task Forces, Governors, and Regents/Mayors form the Regional Task Force for the Acceleration of Handling COVID-19 based on the considerations and recommendations of the Chief Executive of the Task Force for the Acceleration of Handling COVID-19," reads Article 11 paragraph (1) of this Presidential Decree. According to this Presidential Decree, the implementers of the Task Force for the Acceleration of Handling COVID-19 can involve and/or coordinate with ministries/non-ministerial government agencies, central and regional government agencies, the private sector, and other parties deemed necessary. The funding needed for the activities of the Task Force for the Acceleration of Handling COVID-19, as referred to in this Presidential Decree, is charged to the State Revenue and Expenditure Budget, Regional Revenue and Expenditure Budget,

Delivered by Mr. X2 (Expert Staff of the National Disaster Management Agency-BNPB) that:

"The formation of a task force must carry out harmonization that is returned to one of the laws, the health law or the disaster law. Then the responsibility of the task force will become clearer who is at the forefront of BNPB or Health. So that governance like this needs to be observed to manage the harmonization of performance. For example, the quarantine law is used as a reference, so it will be clear between the two things which can be divided into BPBD responsible for disaster and health responsible for health management."

(Zoom Meeting FGD, Joint Research Research, November 30, 2021)

Further said Mr. X2 (Expert Staff of the National Disaster Management Agency-BNPB)

"Indeed, the unification of the two things (BNPB and Health) is a good and maximum collaboration, however, in the harmonization, a non-uniformity emerges if the responsibility for handling the pandemic has not been centered on one law. This is what has been noted in the previous policy for dealing with the COVID-19 pandemic in Indonesia. Precisely with this task force, in my opinion, it invites more fragmentation that can show sectoral egoism."

(Zoom Meeting FGD, Joint Research Research, November 30, 2021)

This means that the coordination and unification of institutions that have been formed by the government are very necessary. This is considering that disaster management cannot arise from sectoral egoism which will further complicate the rapid delivery of assistance to affected communities. Harmonious cooperation is needed between related institutions, for the sake of handling victims quickly and well. Cooperation must be carried out optimally, the government as the person in charge when a disaster occurs must be able to establish communication and build good leadership.

Large-Scale Social Restrictions (PSBB)

On April 11, 2020, President Joko Widodo finally implemented Large-Scale Social Restrictions (PSBB) following Government Regulation (PP) Number 21 of 2020, Presidential Decree (Keppres) Number 11 of 2020 concerning Public Health Emergency Status, and Law Number 6 of 2018 concerning Health Quarantine. As a result of the implementation of PSBB, the economy is paralyzed, people's purchasing power weakens, unemployment and layoffs increase.

The government's policy regarding Large-Scale Social Restrictions (PSBB) is regulated in Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating the Handling of Corona Virus Disease 2019 (COVID-19) which was signed by President Joko Widodo on March 31, 2020. In its implementation, The PSBB policy was then regulated in more detail by Regulation of the Minister of Health Number 9 of 2020 concerning Guidelines for Large-Scale Social Restrictions in the Context of

Accelerating Handling of Corona Virus Disease 2019 (COVID-19).

The determination by the Minister of Health was carried out taking into account the recommendations of the review team and taking into account the considerations of the Chief Executive of the Task Force for the Acceleration of Handling COVID-19. These restrictions include 1). School and workplace holidays; 2). Restrictions on religious activities; 3). Restrictions on activities in public places or facilities; 4). Restrictions on socio-cultural activities; 5). Restrictions on transportation modes; 6). And Restrictions on other activities specifically related to defense and security aspects .

Ministry of Social Assistance (Bansos Ministry of Social Affairs)

The Social Assistance (Bansos) launched by the Ministry of Social Affairs during the pandemic era was originally intended to reduce the poverty rate that occurred due to the number of companies that went out of business due to the government's policy to break the chain of transmission of the COVID-19 virus by limiting community mobility so that activities were not allowed. this includes working online. This is felt to have had a huge impact on business actors, so they decided to reduce the number of workers massively to be able to continue to survive in the pandemic. It is these communities affected by the termination of employees who ultimately receive social assistance from the Ministry of Health with certain conditions.

In general, this is done by the Ministry of Social Affairs by expanding the target beneficiaries and increasing the aid index. On a different occasion, Secretary-General of the Ministry of Social Affairs Hartono Laras stated that the Ministry of Social Affairs had a significant contribution to the National Economic Recovery (PEN) program due to the pandemic. This PEN in its form is given in the form of a Cash Social Assistance (BST) program. Social assistance from the Ministry of Social Affairs is intended to fulfill basic needs and reduce the burden on poor and vulnerable families, including maintaining people's purchasing power. BST is one of the special social assistance programs launched by the

Ministry of Social Affairs to reduce the economic burden on the community and maintain purchasing power during the COVID-19 pandemic. BST is given in the amount of Rp600 thousand in Wave I, namely April-June 2020, and Rp300 thousand in Wave II in July-December 2020(Masyarakat & RI, 2020).

This is following what was conveyed by Mr. X1 (Former Head of BNPB-RI)

"Furthermore, the overall economic background, we know that as soon as there is a blow from Covid, our economy will immediately drop. There was a condition that was felt together but could not ask why all of that happened. But if you see the whole world is stuttering in facing a pandemic, it seems very clear that this disease is a new disease threat that cannot be competed with or compared with Mers, Sars or others, because this is indeed a new thing."

(Zoom Meeting FGD, Joint Research Research, November 30, 2021)

This means that the inevitability of the drop in the economic sector does not only occur in Indonesia. All countries affected by the COVID-19 virus feel a state of economic collapse. The unemployment that occurs makes people restless because they are unable to meet their daily needs.

Prohibition on returning to one's home area

The homecoming ban was decided because of the spike in COVID-19 cases. Homecoming is something that has become a tradition for the people of Indonesia. Homecoming is a moment awaited by immigrants to be able to gather with family in their hometown. spikes in COVID-19 cases always occur every long holiday and the spread of COVID-19 in Indonesia is still high. The government has issued a ban on going home for Eid 2021 which will take effect from 6-17 May 2021. The government has even imposed additional rules in the form of travel restrictions on 22 April-5 May and 18-24 May 2021. The provisions for eliminating going home and tightening travel are stated in the Circular (SE) of the COVID-19 Handling Task Force No. 13 of 2021 concerning the Elimination of Homecoming for Eid Al-Fitr and Efforts to Control the Spread of Corona Virus Disease

(COVID-19). During the Holy Month of Ramadan. This 2021 homecoming ban applies to people who want to travel between cities/districts, provinces, or between countries, either through the land, rail, sea, or air transportation. The important point in the circular prohibiting going home is that every homecoming who uses air, sea, and land transportation is required to show a negative COVID-19 certificate. In the case of routine trips in limited areas, travelers are not required to show a letter of COVID-19 test results, but the COVID-19 Handling Task Force can conduct random testing on travelers if necessary. This exclusion arrangement for the homecoming ban applies to all communities except for logistics distribution vehicles, community groups with non-mudik travel needs, namely work/official trips, (Laraswanda & Sanur, 2021).

New Normal Discourse

The new order of life can be carried out after there are indications of a decrease in the spread of the COVID-19 number. Availability of qualified health facilities and strict supervision. The government itself has guided by issuing the Decree of the Minister of Health of the Republic of Indonesia number HK 01.07/MENKES/328/2020 dated May 20, 2020, concerning Guidelines for the Prevention and Control of COVID-19 in office and industrial workplaces in supporting business continuity in the COVID-19 pandemic situation. Several actions must be taken by management and workers if they determine their employees to return to work in the office, starting from leaving the office, arriving at the office, to returning home, they must comply with all health protocols.

The implementation of the new normal at the initial stage was held in four provinces and 25 districts/cities that had a reproduction number (R_0), namely the initial spread of the virus and an effective reproduction number (R_e/R_t), namely the number of new cases of infection transmission in the past, under one. To discipline the public, the government will deploy TNI/Polri personnel. The Task Force for the Acceleration of Handling COVID-19 has given authority to 102 local governments in the green zone to carry out productive and safe community activities. (Ramadiyah, 2020).

Implementation of Java-Bali Community Activity Restrictions (PPKM)

The Policy for the Implementation of Restrictions on Community Activities (PPKM) in Java and Bali has finally shown positive results. Within a few weeks, there was a significant downward trend in cases reaching 59 percent. However, to have a greater impact on reducing long-term cases and testing easing efforts, the government has decided to extend the period of Enforcement of Community Activity Restrictions (PPKM) Levels 3 and 4 until August 16, 2021. (Yusuf, 2021).

The government first implemented Emergency PPKM on July 3, 2021, which lasted for 3 weeks, namely until July 20, 2021. After that, the extension under the name PPKM Level 4 was carried out three times, namely on July 21-25 July 2021, July 26-2 August 2021, and 3 August-9 August 2021. In the implementation of PPKM Level 4 and 3 which will be carried out on 10 August-16 August 2021, there are 26 cities or regencies that have dropped from level 4 to level 3, this shows an improvement in conditions in the field which is quite significant.

Enforcement of Restrictions on Community Activities (PPKM) Micro

The government has taken the policy step of implementing restrictions on micro-based community activities (PPKM Mikro) in all provinces in Indonesia starting February 9, 2021. Micro PPKM is a micro-based PPKM approach that regulates up to the level of neighborhood units (RT)/(RW) which has the potential to cause transmission of COVID-19. In its implementation, restrictions on community activities must take into account the development of regional risk zoning in each region (Armani, 2021). This micro PPKM was later extended through InMendagri No. 17 of 2021 concerning the Extension of Micro-Based PPKM and Optimizing the 2019 Corona Virus Disease Handling Post at the Village and Sub-District levels to Control the 2019 Corona Virus Disease Spread.

COVID-19 Vaccination Policy

The background of the implementation of the COVID-19 vaccination policy in Indonesia began with the government's determination of the coronavirus Disease 19 (COVID-19) as a non-natural disaster. It is seen that the COVID-19 pandemic poses a big challenge in efforts to improve the health status of the people in Indonesia. The government's challenge in handling COVID-19 with vaccination policies is not as smooth as one might think. This is because there are so many discourses that develop in the community about the implementation of vaccination. This was stated by Mr. X1 (Former Head of BNPB-RI)

"A week ago I invited a knowledgeable person to my house, it turns out that until now he still does not believe in vaccines. Well, it's about education that causes this to happen. Fourth,

social aspects of poverty cannot be separated, the view of someone better off moving even if he dies than staying silent is dead too. How can you not be given a living but can't go out."

(Zoom Meeting FGD, Joint Research Research, November 30, 2021) Further said Mr. X1 said:

"Therefore, from the context of this crisis, it can be said that because of the pandemic, not a few people died suddenly and there was a massive economic impact, so this can be called the characteristics of a crisis. But that's what sometimes people ask why is the issue of the pandemic not raised in the issue of national security."

(Zoom Meeting FGD, Joint Research Research, November 30, 2021)



Figure 3. COVID-19 situation in Indonesia

Source: Nadia, Siti. 2021

Considering the existence of the COVID-19 vaccine is to form group immunity in the community, it is estimated that at least 70% of the Indonesian population or equivalent to 182 million people must get the COVID-19 vaccine. However, it is not easy to get a COVID-19 Vaccine considering that almost all countries affected by COVID-19 also have priorities/targets to be able to access the COVID Vaccine, coupled with the limited condition of Vaccine Providers who already meet the qualifications for COVID-19, as conveyed by the President RI that all countries in the world are competing to obtain a COVID-19 vaccine,

this aims to restore citizens and revive economic conditions.

The COVID-19 vaccination will be held in 34 provinces throughout Indonesia which is divided into 2 stages/periods. The first was carried out from January to April 2021 with priority recipients of the COVID-19 vaccine for 1.3 million health workers and 17.4 million public service workers in 34 provinces in Indonesia. The second will be held for 11 months, starting from April 2021 to March 2022.

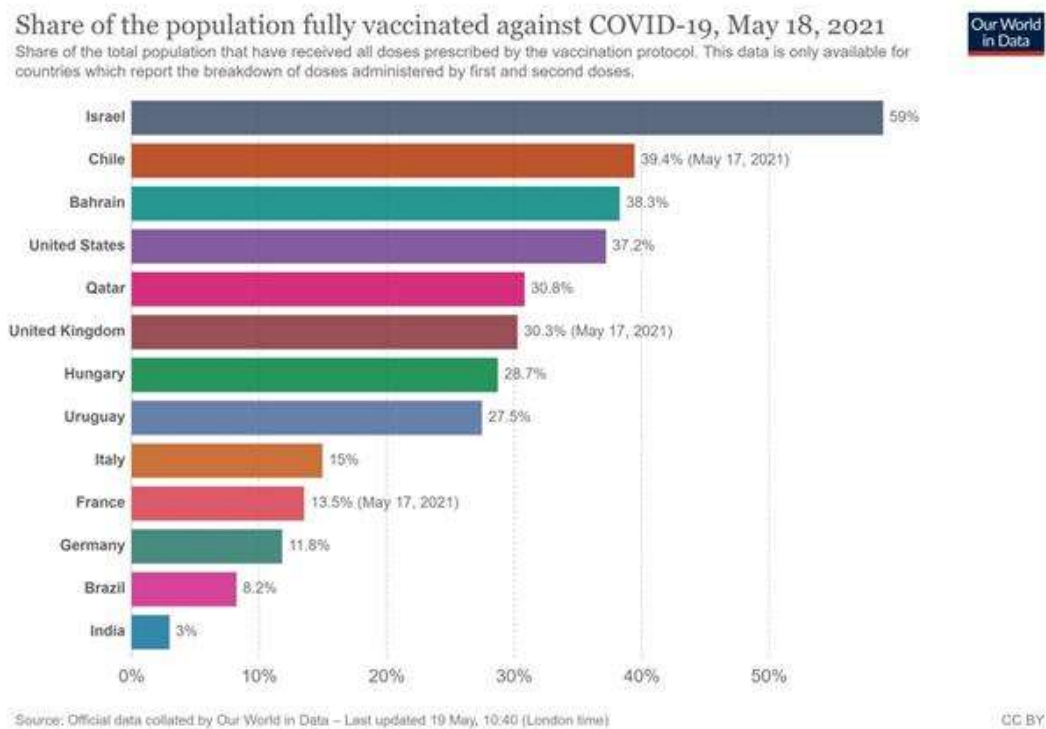


Figure 4. Number of COVID-19 Vaccine Recipients in Countries as of May 18, 2021

Source: Rizal, Jawahir Gustav. 2021. *World Corona Update 17 May*

Indonesia itself has an update from the COVID-19 Task Force (Satgas) updating the risk map for the corona virus zoning in Indonesia as per the latest data on May 16, 2021. In the past week, there were a total of 7 regencies/cities that were included in the red zone. The number of regions that entered the red zone this week was reduced compared to last week's data which recorded 12 regions. Of the seven regions, it was recorded that Sumatra Island dominated the red zone or areas with a high risk of COVID-19 transmission. Not only is it the island with the reddest zone donations in the past week.

The Malaysian Government's Strategy in Handling and Controlling the Spread of COVID-19 in Malaysia

Policies and Strategies in Handling and Controlling the Spread of the COVID-19 Virus

in Malaysia are managed by the State Agency Management Agency (NADMA) and the Malaysian General Defense Force (APM).⁸³ The Malaysian government operates the Crisis Preparation and Response Center (CPRC) at the national and state levels and mobilizes the recruitment and redistribution of health personnel according to areas of high workload. The announcement of a lockdown in Malaysia caused panic in Singapore and residents asked if supplies of food and other essentials would be disrupted. To calm tensions, Singapore's Minister of Trade and Industry, Chan Chun Sing, posted a brief snippet on Facebook and said that Singapore's local supermarkets were safe and had sufficient supplies for Singapore. Some state governments in Malaysia have re-locked (locked) by implementing the Movement Control Order (MCO) due to the increasing number of COVID-19 cases in the neighboring country. Federal Territories Minister Tan Sri Annuar Musa said that implementing the restrictions was the right approach for the federal capital to deal with COVID-19.

The panic that occurred illustrates that the government in a country handling COVID-19

has a different character. It is related in several complex aspects. As said by Professor Dr. Muhammad Fuad Othman Asian Institute of International Affairs and Diplomacy (AIAD) School of International Studies (SoIS) Universiti Utara Malaysia (UUM) that:

"If we look at the current state or condition of the pandemic, the handling will be different from one country to another, so there is no need to compare performance between countries because they are different when viewed from a population and demographic perspective, which are different. But if seen from the implementation of the pandemic handling policy in Malaysia, currently, Malaysia has reached the fourth stage in terms of recovery. Because before this, the Malaysian government focused on using 2 doses of the vaccine to prevent the virus from spreading further."

(Zoom Meeting FGD, Joint Research Research, November 30, 2021)

It appears that handling the spread of the COVID-19 virus in Malaysia is not as complex as what happened in Indonesia. Some policies are indeed taken by the government, however, many of these policies are centralized. Malaysia in this case looks at the substance of the policy. So that the policies implemented do provide a high effectiveness value following the theory presented in the policy dimension, namely looking at the substance of the policy.

The current condition in Malaysia has begun to improve, although it is still fluctuating in the number of cases of COVID-19 transmission, this cannot be separated from several policy rules that have been implemented by the Malaysian government, in this case, the Prime Minister. As said by Mr.X3, Asian Institute of International Affairs and Diplomacy (AIAD) School of International Studies (SoIS) Universiti Utara Malaysia (UUM) that:

"Malaysia is still in the thousands around 4000 a few days ago who were infected with the corona, but the activities that are being intensified to deal with it continue to be increased as I have said earlier. However, sometimes conditions that are starting to stabilize are even used for political activities until the election which causes fluctuations in the number of positive corona cases to increase again."

(Zoom Meeting FGD, Joint Research Research, November 30, 2021)

From what was conveyed by Mr. X3, the policy conditions implemented by the Malaysian government also experienced tug-of-war, this is considering that several national activities as routine state activities must be carried out. And this of course involves several related parties, including political interests. Some of the Malaysian government policies that have been implemented to deal with the spread of COVID-19 are:

National Emergency

Malaysian Prime Minister Muhiddin Yassin's determination of the national emergency period was approved by the King of Malaysia on January 12, 2021. This step was taken as a policy to reduce the number of COVID-19 virus infections which reached an average daily addition of two thousand cases every day. In response to the agreement, PM Muhyiddin announced all activities that will work and not function during the COVID-19 national emergency. According to The Star, the following will happen in Malaysia's national emergency:

- The government will continue to function
- An announcement of emergency is not a 'military coup', no curfew
- Yang di-Pertuan Agong may impose additional regulations to reduce the spread of COVID-19 and facilitate medical services
- Economic activities will run according to the protocol
- Bursa Malaysia and the Securities Commission will continue to act as market facilitators
- No general, state, or by-elections will be held
- Parliament will not meet
- Elections will only be put on hold if an independent commission agrees that the pandemic is over and it is safe to continue

- All politicians must stand in solidarity with society to prevent COVID-19
- People must remain calm and trust the government
- Strict action will be taken against anyone who tries to interfere with the government's handling of COVID-19 and the country's economy
- Government courts will continue to maintain judicial independence
- Malaysia is still open for business activities.

Strict Lockdown

The government of Malaysian Prime Minister Muhyiddin Yassin implemented a strict national lockdown (Movement Control Order (MCO) on June 1 which is still in effect today. The lockdown took effect several days after Malaysia recorded the highest COVID-19 record at that time, which was up to 9,020 cases in a day on May 29. The Malaysian government has stated that it will not lift the lockdown until daily COVID-19 infections have been brought down to below 4,000 cases. At the beginning of the lockdown, cases of COVID-19 in Malaysia had decreased. However, the corona infection has skyrocketed again in the last few days, shortly after PM Muhyiddin considered easing restrictions for residents who had completed their corona vaccinations. On July 15, the neighboring country recorded a record case of Covid with 13,215 cases in a day.

COVID-19 Vaccination

The Malaysian government's policy is mostly focused on the implementation of vaccinations as said by Mr. X3, Asian Institute of International Affairs and Diplomacy (AIAD) School of International Studies (SoIS) Universiti Utara Malaysia (UUM)

"Around 2-3 weeks, the Malaysian government has started to apply the third dose of the vaccine, known as the split dose, as an important step in responding to the transmission of COVID-19. Recently, we were also surprised by the mutation of the latest variant of the coronavirus known as Omicron which came from South

Africa, making the Malaysian government also begin to prepare various things in the provision of vaccines. Lately, Malaysian society has been busy with the provision of a third dose that is prioritized for adults such as which has been conveyed by the Malaysian Minister of Health, causing all citizens to question whether there will be another fourth dose? Fifth dose? Until it will continue to be required to carry out continuous vaccination? That's what we were asking too."

(Zoom Meeting FGD, Joint Research Research, November 30, 2021)

Responding to the latest variant of COVID-19, namely Omicron, the Malaysian government is still reviewing the policy for the continuation of the vaccination implementation which continues to be carried out for adults, especially health and economic actors. The latest news conveyed by the Prime Minister (PM) of Malaysia Ismail Sabri Yaakob announced on Tuesday (21/9/2021), 80 percent of the adult population in his country had been vaccinated against the full two-dose COVID-19 vaccine. The strategy applied by the government, in this case, covers 4 (four) areas, as said by Dr. Mohammad Zaki Bin Ahmad from the School of International Studies (SoIS) Universiti Utara Malaysia (UUM), which includes:

1. Leadership

- The Federal Government assumes and demonstrates a strong leadership role In control and in changing situations
- Formulating policies and giving directions for various government and state agencies to implement policies and actions
- Develop trust and confidence among governments to suppress COVID-19

2. Coordination

- Coordinate strategy and implementation of measures involving various institutions and stakeholders
- Based on consultation and use of institutional expertise and assets
- The Malaysian Ministry of Health coordinates with the national security council and other federal and state agencies

- Sharing information and developing strategies to control COVID-19
 - Only a handful of individuals are involved in conveying and sharing information with the public
3. Cooperation
- Establish cooperation between various government agencies, the business world, and stakeholders including the community
 - Cooperating with international and foreign organizations
 - Mobilize and maximize the use of assets, human resources, facilities, expertise, and funding
 - Learn from the experiences of other countries
4. Communication
- Transparent and proactive in disseminating information
 - Using all communication tools such as TV, radio, and government websites and social media: Twitter, FB WhatsApp, Youtube
 - Raise public awareness of virus status and information
 - Public knowledge of daily and cumulative cases and percentage of population vaccinated
 - Providing advice on personal hygiene and social distancing

CONCLUSION

The comparison of Government Efforts and Policies in Handling COVID-19 in Indonesia and Malaysia is presented in the following table:

Table 2. Comparison of Efforts and Policies of the Governments of Indonesia and Malaysia in Handling COVID-19

Country	Government Efforts in Handling COVID-19	Government Policy in Handling COVID-19	Policy Approach	Results
Indonesia	<ul style="list-style-type: none"> • General strategy: Establishment of STPC-19; Rp 87.55 trillion for Health; 3M health protocol campaign • Health sector: 5th Revision of the COVID-19 Prevention and Control Guidelines; Protection of medical personnel; Determination of the type of vaccine; Limitation of the highest rates for rapid and PCR tests • Education sector: Permits face-to-face learning in stages; Health protocol education in learning • Religious sector: 	<ul style="list-style-type: none"> • Formation of the COVID-19 Handling Task Force • Formation of the COVID-19 Handling Task Force • PSBB (Large-Scale Social Restrictions) • Ministry of Social Assistance • Prohibition on returning to one's home area • New Normal Discourse • PSBB Transition • Emergency brake 	The government is more concerned with making the process dimension, this can be seen from the many changes in policies implemented in the 2020 period since it was announced that the COVID-19 virus has infected the Indonesian population.	<ul style="list-style-type: none"> • Easier to manage, reach all corners • The policy process is left to the system • Facilitates follow-up, because it is adapted to regional conditions, even though policies are decided at the central level (at the request of the regions)

	Arrangements for Eid al-Adha celebrations during the pandemic;	<ul style="list-style-type: none"> • Simultaneous Pilkada • PPKM Java-Bali • Micro PPKM (which is divided 		
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Source: Indonesian Government

RECOMMENDATION

Conclusions are always thought-provoking in providing input as a result of research. In this research, several things can be given and become things that will later be used as material for improvement:

1. The experiences of Indonesia and Malaysia in handling COVID-19 can be made into a kind of book, where later the book will be divided into several sub-sections containing experience in certain fields, so that knowledge and experience are obtained in handling COVID-19, both supporting factors, success, and inhibiting factors in handling the transmission of the COVID-19 virus as a pandemic.

2. The making of state policies in handling the pandemic which of course cannot be evenly distributed between countries generates new knowledge, therefore the state, especially in this case the state of Indonesia and the state of Malaysia, makes a policy formulation that is adapted to the characteristics of each country and is exchanged for together. complement each other in terms of policy handling studies in the pandemic era.

3. The state makes transparent information related to real conditions related to information on the number of victims and the results of implementing policies that have been running so that the people can become policy controllers, bearing in mind that every policy always has direct implications for the people. In this case, the state becomes more able to see and touch the people with the policies that are decided.

4. In deciding each policy, the government should be able to touch all levels of society, this is related to the socialization carried out. Because correct socialization will produce correct and valid information in society. This is necessary to minimize hoax news that is spread

on social media and make people apathetic to applicable policies.

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