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A COMPARISON OF INDONESIA AND MALAYSIA'S  
COVID-19 PUBLIC HEALTH POLICY RESPONSE

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## **A Comparison of Indonesia and Malaysia's COVID-19 Public Health Policy Response**

### **Abstract:**

In an effort to understand why two Southeast Asian countries with similar freedom scores, religious demographics, and cultures took a different approach to the novel coronavirus, this paper identifies and analyzes Indonesia and Malaysia's public health policies from March to May of 2020. There was a stark difference between the two government's attitudes toward a nation-wide lockdown. Whereas Indonesia refused to implement national stay-at-home measures despite legislators and citizens' call to do so, its counterpart adopted comprehensive, nationally mandated lockdown policies. This paper argues that Indonesia's political elites' denial of the pandemic threat and incumbents' economic and religious anxieties as well as the nation's federal institutional design dictated its lackluster policy response. Comparatively, after the resolution of Malaysia's political turmoil, the new incumbent was enabled by the country's federal institutional design to create effective policies that prioritized health and safety over the short-term political concerns.

*Keywords:* COVID-19, Indonesia, Malaysia, public health policies, lockdown, federal, sub-national

## **A Comparison of Indonesia and Malaysia's COVID-19 Public Health Policy Response**

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An infectious disease caused by “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2),” COVID-19, first surfaced in Wuhan, China in December of 2019 (Shah et al., 2020, p. 108). With the disease spreading at an alarming rate to nearly every country, the World Health Organization (2020) declared the COVID-19 outbreak a global pandemic on March 11<sup>th</sup>, 2020. As of Sunday, November 29<sup>th</sup>, there have been 62,555,683 reported cases and 1,457,098 recorded deaths worldwide (Johns Hopkins University [JHU], 2020). While the disease has adversely affected millions of individuals, the fact that the entire world population is simultaneously undergoing a similar hardship is relatively uncommon. This shared experience has, therefore, presented scholars with a unique opportunity to examine how democratic, authoritarian, affluent, and underdeveloped states alike have responded to a global health crisis. Through such analysis, researchers can identify and compare which factors influence government behavior and, thus, a region’s ability to manage the virus. For example, Adeel et al. (2020) found that despite protective policies being primarily implemented by the sub-national governments in the United States and Canada, polarization hindered America’s pandemic response while unification across party lines strengthened Canada’s. Similar to Adeel et al. (2020), this paper will delve into the COVID-19 policy response of Indonesia and Malaysia, two religiously and culturally similar Southeast Asian countries with comparable freedom scores—61 and 52, respectively (Freedom House, 2019). A review of each state’s COVID-19 indicators will be presented, followed by an in-depth discussion of the public health policies instituted from March to May of 2020. This paper will then suggest that the differences in policy response are

attributable to the contextual political differences between these countries as well as the institutional difference between a presidential versus parliamentary federalism.

### 1. COVID-19 Data: An Overview of Cases and Deaths

On March 2<sup>nd</sup>, 2020, President Joko Widodo, commonly referred to as Jokowi, announced the discovery of Indonesia's first two COVID-19 cases. According to Health Minister Terawan Putranto, both female patients were infected in Depok, West Java, after coming in contact with a COVID-19 positive Japanese national (Gorbiano, 2020). Since the onset of the country's outbreak, Indonesia has experienced a steady increase in its cases, with 538, 883 confirmed cases as of November 30<sup>th</sup>, 2020 (JHU, 2020). Unfortunately, the number of fatalities also reveals a similar story, with 16,945 deaths to date (JHU, 2020).

In contrast to Indonesia, Malaysia detected its first COVID-19 case earlier in the year on January 25<sup>th</sup>, 2020, after three Chinese citizens contracted the virus from an individual in Singapore (Elengoe, 2020). It was not until a 41-year-old man returning from Singapore tested positive that the nation confirmed its first Malaysian infection on February 4<sup>th</sup> (Elengoe, 2020). While the state only identified 23 cases at the end of the month (Tayeb & Hong, 2020), Malaysia experienced a surge by mid-March. It was not long after the spike that the country recorded the most cases in Southeast Asia (Elengoe, 2020). The substantial and unforeseen rise in COVID-19 infections can be largely attributed to a four-day religious convocation that drew 16,000 participants (Tayeb & Hong 2020). Despite the exponential growth in March and April, Malaysia decreased its new cases by May. To date, the nation has 65,697 confirmed cases. The fatalities followed a similar trajectory, with 360 deaths as of November 30<sup>th</sup> (JHU, 2020).

Interestingly, regardless that Indonesia has 267.7 million inhabitants compared to Malaysia's 31.53 million residents, both countries' cases per million are relatively proportionate to one another. While the former has 2,013, the latter has 2,083 cases per million. However, this

correspondence most likely exists only because of the sudden spike or second wave that began in Malaysia in late-September. Dissimilar to the cases per million, a more significant discrepancy presents itself with regard to deaths per million. Whereas Indonesia has 63 deaths per million, Malaysia has 10.

## 2. Public Policy Response: March-May 2020

Public policy decisions reflect the social values and political priorities in a country. In the face of a global pandemic, how a state responds is critical as the policies or lack thereof indicate the degree to which the government takes the threat seriously and values its citizens' health and safety. While certain nations have opted for partial closures and delegated policymaking to sub-national units, others have favored a national approach, implementing comprehensive nationwide lockdown and quarantine measures. In Indonesia and Malaysia, one can observe these two distinct types of responses.

### Indonesia:

Following Indonesia's first COVID-19 case, Foreign Affairs Minister Rento Marsudi announced on March 5<sup>th</sup>, 2020, a temporary travel ban on Iran, Italy, and South Korea (Pinandita, 2020), an injunction that would soon be extended to the Vatican, Spain, France, Germany, Switzerland, and England on March 20<sup>th</sup> (Prasetia, 2020). Shortly after the selective border closures, President Jokowi declared a national emergency on March 31<sup>st</sup> (Arifianto, 2020). Five days later, Dr. Achmad Yurianto, the Health Ministry's Director-General for Disease Control and Prevention, mandated the use of face masks in all public spaces (Yulisman, 2020). Subsequently, on April 23<sup>rd</sup>, the Transportation Ministry announced a complete ban on domestic and international air and sea travel, set to expire in early June (Nurbaiti & Roidila, 2020).

While the government refrained from instituting any national lockdown policies, Indonesia allowed Large-Scale Social Restrictions (PSBB) in April. The restrictions, which were

to be petitioned for by the sub-national units, included the closure of schools and non-essential workplaces/businesses and constraints on transportation, religious mass gatherings, and socio-cultural and public activities (Suraya et al., 2020). Notably, provinces and municipalities were only permitted to enforce PSBB after receiving permission from the Indonesian Minister of Health. Authorization was based solely on the number of cases and/or deaths that followed a considerable rise in a region's infection rates. Once the ministry accepted a provinces application, the PSBB restrictions were imposed for 14-day intervals, with extensions only being granted in the presence of new infections (Suraya et al., 2020). Aside from the federal government's policies, throughout March a majority of Indonesia's provincial governments did what they could on their own, declaring state of emergencies and closing all institutions of learning. From April onwards, the sub-national administrations focused on applying for the large-scale social restrictions and implementing them upon approval.

Malaysia:

In a bid to reduce Malaysia's rising COVID-19 cases following a mass religious event, Prime Minister Tan Sri Muhyiddin Yassin canceled all social, religious, athletic, and international public gatherings on March 13<sup>th</sup>, 2020 ("Malaysia Bans Public Events," 2020). That same day a travel ban on foreign nationals from Iran, Italy, and South Korea went into effect (Tang, 2020). Only a day later, Datuk Seri Mohd Redzuan Md Yusof, the Minister in the Prime Minister's Department for Special Functions, extended the travel ban to Denmark (Hamdan, 2020). Not long after, Malaysia's Prime Minister announced a Movement Control Order (MCO) on March 18<sup>th</sup>. Understood as a nation-wide lockdown, the MCO included six distinct restrictions: the closure of all places of worship, non-essential businesses and government services, and public and private schools (kindergarten through university); mandatory testing and self-isolation upon return from overseas; denial of entry into the country

for foreigners; and a ban on public gatherings such as religious, sports, social, and cultural events (Elengoe, 2020).

Lasting through early May, the MCO was extended four times until Prime Minister Muhyiddin Yassin announced the Conditional Movement Control Order (CMCO) on May 1<sup>st</sup>. Remaining in effect from May 4<sup>th</sup> to June 9<sup>th</sup>, the CMCO eased the MCO's limitations as the conditional resumption of certain socially distant businesses was permitted (Tang, 2020). While the CMCO received backlash from several provinces for being too relaxed, because the federal government gave the sub-national units autonomy in their implementation, states opted to institute the restrictions more stringently (Tang, 2020). During the MCO and CMCO, the central administration also placed specific hotspots under an Enhanced Movement Control Order (EMCO). Under the EMCO, citizens were confined exclusively to their homes and prohibited from having any guests (Elengoe, 2020). All businesses were also closed along with any roads into the area. Looking to the provincial governments, aside from the MCO, CMCO, and EMCO, a variety of different policies were adopted from March through May, including bans on inter-district travel, indoor and outdoor dining, limited hours of operation for restaurants and business, and the cancellation of Ramadan bazaars and celebrations.

### 3. Analysis: The Power of Societal Preconditions

By identifying which factors influence a nation's COVID-19 policies, whether political, religious, or economic, scholars can better understand a country's governmental response. After examining Indonesia's legislative actions, it is evident that the country's policy response differed from that in Malaysia due to initial pandemic denial by its political leadership, economic apprehension, jurisdictional balance, and politicized religiosity. Indonesia's slow response to the pandemic has been linked in the literature to the political elites' profuse denial and ignorant assertions (Arifianto, 2020), which is consistent with the leaders misperceiving or failing to



receive the initial signal of the COVID-19 threat (Shvetsova et al., 2020). For example, in February, Health Minister Terawan Putranto suggested that the country was free of COVID-19 cases because of the people's tendency to pray frequently (Mietzner, 2020). Showing no sign of concern, Putranto simply recommended that everyone stay calm and eat a nutritious diet, advice that only confirmed the Indonesian Medical Association's disapproval of his political appointment.

Echoing Putranto's sentiment, other health officials indicated that Indonesians were immune to the virus due to their Malay race (Mawardi, 2020). The administration also claimed that COVID-19 could not survive in warmer climates, implying that the population was unlikely to experience the disease (Mietzner, 2020). Not only was a blatant disregard for the pandemic displayed, but senior cabinet ministers also advertised eucalyptus inhalers and coconut oil as effective treatments, despite a lack of scientific reliability (Fiqih Prawira Adjie, 2020). Indonesia's response, however, is not all that unique or shocking. In fact, the nation's initial downplaying of the virus is comparable to that of the United States and Brazil. For instance, President Donald Trump continuously overlooked the severity of COVID-19, while President Jair Bolsonaro of Brazil displayed a similar mindset, referring to the illness as a "little flu" and a deception created by the media and his political adversaries (Phillips, 2020).

When Indonesia's government finally recognized COVID-19 as a threat, it started to create what appeared to be meaningful policies. However, despite the international and domestic border closures, mask mandate, and state of emergency declaration, the central government failed to implement more comprehensive measures, favoring a minimalist and detached approach while restricting the ability of sub-national governments to be more proactive. Citizens and outside observers alike expressed frustration and dissatisfaction with the state's lackluster

response. The WHO even asked the nation to take more severe measures (Mietzner, 2020), and Jakarta residents sued President Jokowi for his slow policymaking (Herdiana, 2020).

In particular, the country's negative attitude toward a nation-wide lockdown is what angered people most. While the provincial units demanded stringent national lockdown and quarantine measures, the federal administration refused to comply (Mietzner, 2020), creating tension and polarization between the two levels of government. President Jokowi's decision to avoid stay-at-home orders can be explained by his desire to preserve and grow Indonesia's economy. Since the beginning of the pandemic, he has been adamant about only adopting policies that allow the economy to continue operating. At one-point, Jokowi even openly shared his worry that a lockdown might ruin his economic legacy (Mietzner, 2020).

Unfortunately, although like Malaysia, Indonesia is a federation, provincial leaders have been left with very little wiggle room in their fight for lockdown policies. While the provincial and federal governments each have a certain degree of autonomy in setting policy, the latter possesses far greater authority than its counterpart, which must adhere to the central administration's directives (Herdiana, 2020). Since the right to declare lockdown and quarantine measures falls under the federal government's jurisdiction (Gorbiano & Sutrisno, 2020), which continued to dismiss such policies, provincial leaders have been stuck at a political impasse. While it can be argued that the large-scale social restrictions (PSBB), discussed earlier on, indicate compromise, in reality, out of Indonesia's 34 provinces, only a few states were permitted to implement the PSBB region-wide, with the majority of approvals granted at the city level.

The political salience of religion in Indonesia provides another explanation as to why President Jokowi steered clear of any national lockdown policies or bans on public mass

gatherings. With 87.2 percent of the population identifying as Muslim (“Religion in Indonesia”), the central government needed to tread lightly when considering how it would respond to the pandemic. Likewise, since Jokowi’s 2019 presidential win can be partly attributed to Indonesia’s largest Muslim organization, Nahdlatul Ulama (NU), and the NU-affiliated National Awakening Party (PKB), he had to be especially considerate of these Islamic groups when making policies (Mietzner, 2020). Given that the manager of NU’s East Java branch appeared optimistic about the virus and asked that only sick individuals pray at home (Azmi, 2020), it seemed that the Muslim organization favored continuing mass gatherings. The declaration made by NU’s Central Java branch requiring mosques in safe zones to hold Friday prayers (Purbaya, 2020) further corroborated this. Due to the Muslim community’s stance and increasing piety, Jokowi feared that by implementing a nation-wide lockdown, he would be isolating a large portion of his winning coalition and be viewed as anti-Islamic. Jokowi’s concerns were only exacerbated by his former military chief, who alleged that the government’s recommendation to pray at home was evidence of its secret phobia towards mosques (Mietzner, 2020). Ultimately, internal factors like religion, economic concerns, bias toward the federal center, and denial of the pandemic threat informed Indonesia’s ineffective and arguably negligent policies.

In Malaysia an entirely different story presented itself. While Indonesia’s response was adversely clouded by political, economic, and religious elements, Malaysia’s policies did not appear to be motivated by such factors. In an attempt to understand this difference, I suggest the particulars of the preceding political turmoil and its parliamentary institutional design can account for Malaysia’s more comprehensive federal response.

Following the demise of the Barisan Nasional (BN) coalition government, which ruled from the early 1970s to 2018, the Pakatan Harapan (PH) coalition government rose to power in

an unexpected victory in Malaysia's 2018 general election (Moniruzzaman & Farzana, 2020). Although the change in government was both promising and refreshing, due to backroom dealings and a shift in coalition alliances in late February of 2020, officials sought to remove former Prime Minister Mahathir Mohamad from power and block his alleged successor, Anwar Ibrahim, from assuming office (The International Institute for Strategic Studies, 2020). The ensuing power struggle and administrative chaos resulted in a political crisis that lasted until Tan Sri Muhyiddin Yassin was appointed as the new prime minister on March 1<sup>st</sup> (IISS, 2020).

With a new head of government and coalition (Perikatan Nasional (PN)) in control, Malaysia was able to turn its attention back to the public health crisis, a reality that the government would not have been able to address in its former state. Contrary to the scarce and general policies that were instituted by the previous administration (suspension of Chinese visas and use of thermal scanners at airports) (Tayeb & Hong, 2020), Muhyiddin Yassin looked to more stringent measures. Likewise, unlike Indonesia's government, Malaysia did not deny the seriousness of the COVID-19 threat or let religious or economic factors influence its policymaking. Thus, just two weeks after Muhyiddin Yassin's appointment, a nation-wide lockdown was announced. Given that Indonesia and Malaysia both have a large Muslim population, one may have expected the latter to follow in its neighbor's anti-lockdown sentiment. However, the state's decision to implement the Movement Control Order (MCO) and Conditional Movement Control Order (CMCO) indicates that Malaysia's political elites were able to prioritize health and safety despite possible contrary influences.

In addition to the resolution of Malaysia's political turmoil, the federation's institutional design may have also positively contributed to its government's decision to impose a lockdown. First off, because Malaysia's prime ministers are not elected but appointed by the king

(Leinbach, 2020), it can be argued that these officials are under less pressure to appease their constituents, thereby giving them more freedom to consider every possible course of action. It was this ability to balance possible constituent pushback against eventual policy success that provided Prime Minister Muhyiddin Yassin with more discretion and maneuverability.

Comparatively, because President Jokowi relies on Muslim organizations and constituents for his electoral success, it was in his best interest for legislation to reflect his winning coalitions' priorities, i.e., no lockdown measures.

Not only does the framework of Malaysia's federal constitutional monarchy (Leinbach, 2020) create a potentially more favorable political environment for a lockdown, but the Prevention and Control of Infectious Diseases Regulations and Section 269 of the Penal Code provided a legal justification for the MCO (Tayeb & Hong, 2020). While the former gave the federal government authority to carry out any necessary measures in the reduction of COVID-19 cases through Standard Operating Procedures (SOP), the latter authorized the administration to either fine or imprison individuals who disobeyed the MCO (Tayeb & Hong, 2020). In short, the resolution of Malaysia's political turmoil, combined with its institutional structure, helped shape the country's comprehensive and thoughtful COVID-19 policies.

#### 4. Conclusion

By studying how countries respond to a global pandemic, scholars can gain valuable knowledge and insight into ways in which their priorities, values, and institutional design influence their ability to act in defense of public health. Comparison of policy responses of Indonesia and Malaysia, two Southeast Asian countries with similar freedom scores, religious demographics, and culture, reveals that their policy approaches to fighting the novel coronavirus were drastically different. Whereas Indonesia frowned upon nationally mandated stay-at-home orders, refusing to institute such policies, Malaysia adopted nation-wide lockdown measures. In

an effort to understand the root source of policy differences, this essay proposes a contextual, strategic, and institutional explanation. Specifically, in Indonesia, political elites designed policies based on economic and religious anxieties. Using its institutional prerogative, the central government also ensured that the sub-national administrations complied with its anti-shutdown mentality. Conversely, in Malaysia, after the political drama was to put to rest, the country's institutional framework permitted the national government to institute proactive and aggressive policies.

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