Covid-19 Outbreak and Supply Chain Strategy in Indonesian Government

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Abstract- WHO has deemed the Covid-19 pandemic to be a regional outbreak, Indonesia is one of the pandemic nations. This paper seeks to see the capacity of the world to cope with the global pandemic and the provision of resources through the supply chain policy. Here, we analyse the supply-chain effects of a set of idealized lockdown scenarios, using the latest global trade modelling framework. We find that supply-chain losses that are related to initial COVID-19 lockdowns are largely dependent on the number of countries imposing restrictions and that losses are more sensitive to the duration of a lockdown than its strictness. There are three essential topics in this paper: 1) the sense of urgency; 2) the national government's legislative and structural supply chain policy's; and 3) the pandemic regional headquarters. The data collection is carried out through scientific journals, online news, reports, and academic forums with public policy and health experts. The findings of this paper indicate that Indonesia is still in difficulty in coping with a global pandemic in the context of the international crisis. Likewise, at the beginning of the outbreak in Indonesia, the system of contact between central and regional representatives seems to be not well organized.

Keywords: COVID-19; Epidemic Resistance; Supply Chain Policy; Indonesian Governance

1. Introduction

Using a newly developed economic disaster model8,9,10, we quantitatively assess the short-run supply-chain effects of different containment strategies across countries and industry sectors to inform ongoing efforts to contain COVID-19 and to reveal more generally how pandemic-related economic losses will be distributed along global supply chains [1]. On Thursday, 30 January 2020, the World Health Organization (WHO) announced an outbreak of coronavirus in China as a worldwide emergency, with the number of infections skipped more than ten times a week while deaths were raised to 213 and infection confirmations exceeded 9,692. And 102,000 more than ten times a week while deaths were raised to 213 and infection confirmations exceeded 9,692. And 102,000 people were also identified with suspected signs of infection confirmations exceeded 9,692. And 102,000 people were also identified with suspected signs of respiratory diseases under medical observation [2]. If a new pandemic like this emerges in different parts of the world, given scarce infrastructure and budget, local authorities will agree immediately about whether to act effectively [3].

Meanwhile in Indonesia, Minister of Health Terawan Agus Putranto on January 27, 2020, called on the public to remain calm in the face of the possibility of spreading the new coronavirus, advising people to keep their body and mind pure to keep the immunity from becoming infected with the fast-spreading virus, originating from Wuhan, China. "Don't panic, don't worry. Just enjoy," said the Minister [4]. But on Monday, March 2, 2020, Indonesia's President, Joko Widodo, officially announced a positive Indonesian citizen Covid-19. A mother and her child are two of the first Indonesian citizens who were tested positive for co-19 after the child had previously filled the event in Kemang. At that time a Japanese citizen was present and tested positive for co-19 after being examined in Malaysia [5].

While the government's key policy to treat and save lives is a significant obligation, a thorough assessment of government policy is necessary to ensure that a pandemic disaster is mismanaged so that people are not victimized and threaten their lives [6]. Various cooperation between stakeholders in government administration is being carried out also as an effort and supply chain policy by the government to deal with public problems [7]. This incident is a lesson for the Government of Indonesia to respond to the global pandemic. In many countries around the world, government initiatives that were deemed less severe after the original pandemic existed. This poses several concerns about the ability of the Indonesian community to deal with this global pandemic. In the future, Indonesia has to be more positioned.

2. METHOD

The compilation of data was done in conjunction with literature reviews. Information reports were collected from medical journals written in different parts of the world at the time of the pandemic. Confidential news sources are also used for collecting data and information: policy analysts, public authorities, and health experts. The article includes other data points as well as interviews with specialists in their respective fields. All information and data collected are then processed, analyzed and arranged within the standard framework of scientific writing.

3. RESULTS & DISCUSSION

The imperative for a new supply chain model

A decades-long focus on supply chain optimization to minimize costs, reduce inventories, and drive up asset utilization has removed buffers and flexibility to absorb disruptions and COVID-19 illustrates that many companies are not fully aware of the vulnerability of their supply chain relationships to global shocks.

Fortunately, new supply chain technologies are emerging that dramatically improve visibility across the end-to-end supply chain, and support companies’ ability to resist such shocks. The traditional linear supply chain model is transforming into digital supply networks (DSNs), where functional silos are broken down and organizations become connected to their complete supply network to enable end-to-end visibility, collaboration, agility, and optimization.
Health infrastructure in Indonesia

By 3 May 2020, the number of cases of covid-19 in Indonesia was found to be 11,192 active, 8,471 (75.7%) therapeutic, 1,876 (16.8%) and 845 (7.6%) died [8]. The Indonesian government appeared unprepared in the early days in the face of a global pandemic. In expectation of the worldwide dissemination of a pandemic over a brief time, planning and preparing must be achieved systematically. The effects of a global epidemic of this scale involved protected supply chains for drugs, personal protective gear, medical services, and human capital [9].

There are only 309,100 hospital beds in Indonesia, most of them on Java Island, according to the latest data of the Indonesian Ministry of Health [10]. Jokowi related the bed ratio to the number of inhabitants in separate hospitals in Indonesia. Indonesia's per-mile figure is just 1.2 [11]. There are 1,910 ICU rooms with a capacity of 7,094. Indonesia has just 2.7 ICU beds per 100,000 population and is one of the lowest health services in Asia [12].

Personal protective equipment (PPE), in all countries affected by a pandemic, is a major problem, there are at least two PPE problems, namely a lack of equipment, and the misuse of equipment [13]. Across all Indonesian hospitals only 8,413 fans were registered. But ten times the amount is needed to face this pandemic [14]. One of the main problems in the countries affected by this global Pandemic is the shortage of PPE for front-line health care staff including respirators, gaunters, face masks and antivirus clothes [15]. Scarcity of the PPE was reported in many COVID-19 treatment hospitals in the regions. The high volume of social media knowledge on how medical workers are expected to wear raincoats to cover the extremely uncomfortable uniform PPE. Lakipadada Hospital, in Tana Toraja Regency South Sulawesi, witnessed the lack of PPE [16].

Supply chain policy the Government

Governments across each country should develop rapid and appropriate strategies to stop COVID-19 spread [17]. Although sluggish in the avoidance of the onset of the pandemic was considered. In supply chain policy to the Covid-19 pandemic, the Indonesian government has adopted policies, including [18]:

3. Issuance of Presidential Decree Number 12 of 2020 concerning Determination of Non-Disaster in the Spread of COVID-19 as a National Disaster, April 13, 2020

Through the Ministry of Health, the Government of Indonesia has taken several steps to prevent COVID-19 entering Indonesia, such as the establishment of around 100 referral hospitals throughout the province, the postponement of all access by and from Chinese citizens from February 5, 2020, voluntary collection of 237 Indonesian citizens, and one foreign national of the Province of Hubei on F. Both classes and members of the evacuation team endured 14 days of safety monitoring in the Raden Sadjiad air force base on Natuna Island (virus incubation period) [20].

On 30 March 2020, in Indonesia, there were 1,414 cases of co-19 pandemic injuries and 8 deaths, taking the number to 122 people [21]. President Jokowi on Monday 16 March 2020 instructed to implement the implementation of large-scale social restriction [22]. Reduce civic autonomy into an region and consider civil unrest in the event of a pandemic across the province. Regional quarantine is a preventive quarantine under the Preventive Quarantine Law 2018 [23]. In addition, the government's policy is to require each region with a red zone to remain at home for all citizens. The decision to implement a large-scale social Restriction (PSBB) was implemented by incorporating educational activities (schools and campuses) into a learning system at home, closing all tourist destinations, employees and government employees were encouraged to work from home. This restriction is done to break the chain of corona virus spread [12]. WHO recommended to the public that they provide themselves, e.g. washing hands regularly; maintain social distance [10]. In various regions of Indonesia, local governments have taken the initiative to lock their respective areas. The lockdown policy of Puncak Jaya Regency, Papua, has been implemented to prevent the spread of epidemics since Monday 23 March 2020, closing access to land, seas and air, as well as to closure of offices and school activities within and outside its territory (Papua, 2020). This district was Indonesia's first lock-down policy zone. Followed up by other groups such as Tegal and Tasikmalaya by bans on migration streaming from outside the region [16].

In this paper, three aspects will be discussed in relation to the Indonesian government's policy in dealing with the co-19 pandemic; 1) Sense of Urgency, 2) regulatory and institutional supply chain policy’s by national government and 3) Regional head authority during the pandemic. Covid-19 One of the hardest foreign action measures of any country in the world is the global pandemic. The rise in the effect of its dissemination is extraordinary and unpredictable. Data shows that it takes more than a decade to rebound socially and economically in the world [17].

This plague isn't unexpectedly happening. The development of information and infrastructure takes just a few hours for the world to know that there is a very fast dissemination of this pandemic. The Indonesian Government should have taken swift measures to counter this after the WHO described it as a global epidemic. As is well known, however, the government is very sluggish and seems to underestimate this pandemic since the WHO was created. Even the Minister of Health claimed that Covid-19 will not reach Indonesia. That can be seen by the announcement of controversy. But even the health minister, Minister of Law and Human Rights Yasona Laoli revealed that 188 thousand Chinese citizens still had entered Indonesia until January 2020, when the pandemic had spread (CNN, 2020). During the height of the pandemic in the province of Wuhan, President Jokowi also displayed a draconian approach. The Government will take practical measures immediately to close all ties to Indonesia from the outset.

Since the first victim on March 2, 2020 was detected. The death toll curve has increased and no sign of decrease
has been given. The findings of the study in Indonesia and elsewhere suggest that there will be hundreds of thousands of deaths. Another reason for this is the slow speed of preventive policy steps combined with unpredictable decision-making, is the blame for the large number of cases.

Since China occurred in this epidemic, every country in the world immediately took prevention measures, and many countries quickly adopted policies, such as New Zealand, Taiwan, Korea and Singapore. These companies have developed and implemented supply chain risk management and business continuity strategies. They have also diversified their supply chains from a geographic perspective to reduce the supply-side risks from any one country or region. They have multi-sourced key commodities or strategic components to reduce their reliance on any one supplier, and they had considered inventory strategy to buffer against supply chain disruption.

When several reports reported the existence of Covid 19 Pest Victims in Indonesia's neighboring countries, the state had still not seen its sense of urgency. The lack of scientific evidence by elected leaders in evaluating policymaking culminated in non-science comments about the disease, for example ethnic ignorance and mysticism for religious purposes. Only the claim by Harvard University that during the global pandemic, theoretically unlikely null cases exist in a nation (De Salazar, 2020) has also been opposed by the Minister of Health.

At a cabinet meeting held on 25 February 2020, President Jokowi directed MICE (Meeting, Incentive, Convention, and Exhibition) to enhance national conference operation and to expand promotions in other countries to visitors who neglected to visit China, Korea, and Japan after the pandemic breakout to neighboring nations. Also, the government prepares funds of ($5.2 billion) or around rupiah 72 billion to pay influencers to bring as many foreign visitors to Indonesia.

The problems raised in Indonesia amid the countries of the world are hard to disregard and plan a fast approach in coping with this problem. The lack of cooperation and the absence of consistent guidelines between leadership organizations under international circumstances made the citizens vulnerable to the new pandemic. How did the government not have the appropriate path until this epidemic reached Indonesia? While the position of the leader will harness the power and resources of his subordinates to support the group.

**Regulatory and institutional supply chain policies by national government**

Singapore's state policy started with the contamination of 238 people with SARS in 2003. Singapore has steadily expanded its capacity to handle new outbreaks of infectious diseases. Increased number of isolating beds in all public hospitals, provision of personal protection equipment (PPE) and helmets, and the creation of a new National Centre for Communicable Diseases and the First Public Health Laboratory. The training of special teams in ministries and state institutions to prepare for a pandemic outbreak, training health professionals to use the special EPPs, establishing many health laboratories, and increasing investments in science and other biomedical research. (Wong et al., 2020). President Joko Widodo has released Under this pandemic, each country in the world has planned its legislation. many national policies in Indonesia at the decision-making level of the Council, the ministers, and others.

It seems that even after 13 March 2020, February 4 and 29, the regulations issued by the Government of Indonesia significantly are the regulations of the Ministry of Health and the National Disaster Management Agency (BNPB). Whereas the WHO has warned that co-19 has been a global pandemic since Thursday 30 January 2020. The Indonesian Government has a long delay in responding thoughtfully to the recommendations of the World Health Agency. Also, instead of reacting with prevention measures, the Health Minister himself treats this global pandemic as natural and needs no extreme reaction.

It is a perfect lesson for the policy-making management system. For a nation that protects the citizens by stringent laws, the government will be the ultimate power holder. The lack of government attention in terms of prevention, particularly for the very fragile national health infrastructure. This indicates that Indonesia is very low in its readiness to tackle global outbreaks.

This can not be ignored, however, that after 13 March 2020, the government of Indonesia works hard to tackle the rising number of casualties, whether of co-19 or suicides. Some of the measures released by the State after the death toll is to introduce a broad-based social restraint on Monday 16 March 2020. The government expects that this policy would continue to contain the transmission of the Co-19 pandemic. Nonetheless, some areas are the worst affected in Indonesia, including the capital city of Jakarta. The society still exists as ordinary in everyday life. Only the national TV media in Indonesia announced that in numerous areas, including shopping malls, there are always crowds of people.

It reveals that the government's laws remain indecisive, or the Indonesian people may have been used to being dealt with by government rules that have not been strict in the past. So that the PSBB enforcing regulations also take note of 'existing' laws, which can be broken even without stringent penalties such as the Indonesian government's laws in general. The more severe epidemic in almost all of Indonesia with 845 deaths (7.6 percent) deaths strongly shows that the Indonesian government has struggled to protect its citizens however if such an epidemic couldn't have prevented a lot of deaths if federal laws were planned well in advance. Not just does the economic crisis like this effect on rising pandemic casualties. But after the social-sector pandemic, the recession would also reduce popular trust in the administration.

**Regional head authority during the pandemic**

Following the passage of Law No 32 of 2004 on regional autonomy, by granting any region the potential of extending and standing independently. Until 2016, Indonesia had 34 provinces and 514 municipalities [13]. It may be a blessing because each territory can decide on a small scale the fate of its people. But it may also be a time bomb if every autonomous region with limited natural and human resources does not have a robust infrastructure to deal with unpredictable disasters. Reforms have modified the communication system and practice between national and regional governments. Until the change, Indonesia became familiar with the idea of the nation outline (GBHN) and a five-year REPELITA implementation strategy with
the underlying principle of short-term, medium- and long-term policy management

Following the amendment, this term was changed to a development of the elected President’s dream and mission. Every area in Indonesia must therefore follow the trend of development of the President-elect given the policy’s absence from the previous President’s vision and mission. The second term of the government of President Joko Widodo, which began several months before the COVID epidemic in Wuhan on 20 October 2019, also engaged in the sluggish rate of initial management and preparedness to tackle a pandemic. Jokowi’s latest policy plan focuses on following his dream and goal of economic growth, physical infrastructure, and even the issue of transferring the national capital to the president also expressed of his opening address. The Jokowi government’s dream of this second phase does not emphasize the construction of health infrastructures, the prevention of biological hazards, and other preparations.

That is expressed in the actions of state governments that pursue the dream and mission of the President-elect in theory. With the local government’s such visible panic, when the COVID outbreak very quickly spreads to all regions without being controlled. In some areas of Indonesia, the government has taken swift steps to protect its residents before and after the issuance of regulations both by the central government. Local governments which quickly took the initiative include;

1. West Java Provincial Government
   The establishment of Co-19 in early February was one of the quick steps Governor Ridwan Kamil took in early February. The Provincial Government of West Java started effective research or sample processing in the populations in cooperation with UNPAD, the Faculty of Medicine and the ITB of Nanoscience and Nanotechnology with WHO Biosavety Standards 2 in the West Java Health Laboratory

2. DKI Jakarta Provincial Government
   After President Joko Widodo confirmed the first covid-19 casualties, the government of DKI Jakarta then implemented a defensive approach to avert the outbreak. The first move is to establish the two-week abolition of the carfree day on 15 and 22 March 2020. Anis Baswaedan, DKI Jakarta's Governor, follows Singapore and Vietnam's lead by limiting its residents' travel until the virus spreads. Anies has called for provincial government workers who have signs to register immediately. For the Jakarta citizens Anies even called for the next three weeks not to leave the area and told the inhabitants to do more in-house events.

3. West Kalimantan Provincial Government
   West Kalimantan Governor Sutarmidji warned his people repeatedly not to flee West Kalimantan during the pandemic. Although many of the provincial people did not adhere to the direction of the governor. Sutarmidji said, on 16 March 2020, that he no longer barred West Kalimantan people from traveling outside the city, but that he said strongly that those who had left West Kalimantan would not come home. The governor revealed that because a patient who had been treated in the Soedarso Hospital Pontianak isolation room tested for co-19 because of an overseas trip he did a while ago [7].

4. Papua Provincial Government
   The Papuan provincial government immediately took the lead in reaction to the Co-19 pandemic by releasing circular letters from 16 to 17 March 2020. In the circular, Governor Lukas Enembe reported that the Province of Papua was declared to be Coronavirus Disease 19. The Papuan Government has taken a decisive step in shielding its population from the occurrence of the COVID epidemic 19 Emergency Warning Status for schools, calls for social isolation and work at home, limit group interaction outside the house to only 08:00 local time and block travel to and from Papua from March 26-April 2020.

   In comparison to the supply chain policy’s of individual local governments, it should be pointed out that the reactions of the district and regional governments to the pandemic vary. For example, the Tegal District Government implemented the lockdown policy on 25 March 2020. Because the city of Tegal is in the Covid-19 red zone, one of the under surveillance patients have been declared dead as a result of the Covid-19 virus. Tegal Mayor Dedy Yon Supriyono took the initiative, from 30 March to 30 July 2020, to close Tegal Regency with concrete both within and outside the city, using it for four months (CNBC Indonesia, 2020). As a result, Mayor Dedy has created a support scheme for his residents, particularly people with low income. The Mayor does so without asking for the regional or central government’s guide. This strategy goes against the central government’s rule, which forbids local governments from keeping a full closure on their territories. Because the lockdown policies are not consistent with Indonesian nation characteristics and personalities

   One interesting argument concerning the cooperation system between central and regional governments in this pandemic is that in Indonesia there is still no shared vision and strategy structure in the local authorities. It seems that, soon after the epidemic in Indonesia, not all the local governments have taken tactical action. For starters, the South Sulawesi Provincial Government has confirmed that the Covid-19 virus has fatalities. In their respective countries, Makassar's local government and the regency of Gowa tend to lose jurisdiction over religious practice, putting together hundreds of people from various parts of Indonesia, and also groups from Malaysia, Brunei, and many other neighboring countries. Although local authorities finally canceled this activity. Nonetheless, participants from all over Indonesia and neighboring countries already gathered at the location of the event.

   Under the pandemic’s weak position, the central government has taken its steps and legislation in the initial management and security of each region in intervening and tightening the regulations for subnational governments. At the end of March 2020, the new central government mostly took over the leadership. Government Regulation No 21/2020 on Large-Scale Social Restrictions and Presidential Decree President Joko Widodo issued no 11/2020 on the Implementation of Public Health Emergency COVID-19.

4. CONCLUSION

The purpose of this article is to address the prioritisation and focus of supply chain managers subsequent to coronavirus disease 2019 (COVID-19)/severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the great lockdown of 2020. In the short term, influence lies mainly in supply chain obstructions and difficulty in recovering production due to the delayed return of workforces, lack of personnel mobility, and traffic restrictions. The preparation of a nation to confront a
pandemic or unnatural catastrophe can be seen by leaders’ initial strategies, contact habits and infrastructure funding. Indonesia as a country with a population of 267 million, compared with other countries, should have a more mature policy on disaster management. Moreover its borders are scattered over thousands of large islands and hundreds of smaller small islands, rendering Indonesia a particularly vulnerable region for foreign nationals. To protect millions of citizens, strict regulations are necessary.

If we look at the history of initial management during the Co-19 pandemic, though. Central and state governments do not seem to have systems and policies to cope effectively with this economic crisis. The central government’s sluggish reaction to the initial pandemic seems to be planning policy goods. Health services, including the provision of paramedic personal protective devices and the provision of regular hospitals that are not proportionate to the population. There is concern that Indonesia does not yet have a norm in its planning for a global catastrophe such as this.

The pattern of communication and collaboration among government institutions from ministry to regional leadership also appears chaotic. The definition and policies of the ministers concerned neglect the global circumstances. Elected councils in their own regions are now being “kings” by having their own laws, independent of state and central government. Yet that was also exacerbated by the poor and ineffective central leadership.

In the result, millions of people have become the casualties of the national, departmental and regional political crisis. A few months ago, natural disasters killed hundreds of Indonesian people. This seems that the federal and state policymakers are not considering it as a lesson in planning their current policy regulation practices for natural or non-financial hazards in the future.

References