

Economic Capacity, Regime Type, or Policy Decisions? Indonesia's Struggle with COVID-19

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Abstract

Analyzing Indonesia's COVID-19 response offers valuable insights into general debates about the linkage between pandemic management outcomes and a state's economic capacity, regime type, and individual policy decisions. This essay systematically reviews arguments that tie Indonesia's pandemic response to its limited economic capacity and status as a democracy with lower coercive power than autocratic counterparts. It finds that while it is true that Indonesia, now a higher middle-income country, had fewer economic resources to respond to the crisis than fully industrialized states, its response was less effective than those of other, significantly poorer nations. Similarly, Indonesia's democracy controlled considerable coercive resources when the outbreak began, but it opted not to mobilize them to enforce a coherent lockdown. Thus, there is little evidence for the notion that Indonesia's central government was severely constrained by structural predispositions; instead, its response was entirely consistent with the policy preferences of the national leadership, which were set in a climate of growing populism and developmentalism as the dominant ideational streams since the mid-2010s.

Keywords: Capacity, COVID-19, democracy, developmentalism, economy, Indonesia.

Since the outbreak of the COVID-19 pandemic in early 2020, there has been a heated discussion about what exactly determined the distinct crisis response of each state, and which factors explained success or failure. The explanatory propositions advanced in this discussion have ranged from a nation's economic capacity;¹ regime type;² cultural factors such as collectivism and religion;³

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¹ Rick Rowden, "Coronavirus: Developing Economies Are Getting Crushed—Here's Why Their Rich Neighbors Should Help Them," *Conversation* (April 9, 2020), <https://theconversation.com/coronavirus-developing-economies-are-getting-crushed-heres-why-their-rich-neighbors-should-help-them-135601> (accessed September 2, 2020).

geographic position;⁴ and demographic structures;⁵ to policy decisions and personal or institutional agency.⁶ These approaches also have been combined in various ways. For instance, political scientists have pondered which interplay between economic capacity and regime type promises to deliver the most effective COVID-19 response. But the highly diverse—and fluid—outcomes in COVID-19 management have demonstrated just how resistant the crisis is to such systemic models. High-capacity democracies (such as New Zealand) have done well in this crisis, but also very poorly (United States or the United Kingdom, for example). The same is true for high-capacity autocracies, with China quickly controlling the outbreak, while Russia struggled to cope. In the same vein, low-capacity democracies saw major outbreaks (India), but also successful containment (Timor-Leste). Finally, low-capacity autocracies also have been both effective (Rwanda) and ineffective (Uzbekistan).⁷

Southeast Asia has been a kaleidoscope of these complex patterns and outcomes. In the region, as at the global level, there was no discernible linkage between economic capacity, regime type, and COVID-19 trajectories. For instance, low-capacity autocracies (Vietnam) and medium- to high-capacity electoral authoritarian regimes (Thailand and Singapore) have managed to contain the pandemic, but so has the low-capacity democracy of Timor-Leste. Malaysia, a high-capacity hybrid regime, also has been widely praised for its response. The worst outbreaks in Southeast Asia, by contrast, have been recorded in Indonesia and the Philippines. Both are medium-capacity electoral democracies with a recent history of rising populism and other phenomena of declining democratic quality. The similarities in their contemporary political

² Shlomo Ben-Ami, “Why Democracies Are Better at Managing Crises,” *Strategist* (May 20, 2020), <https://www.aspistrategist.org.au/why-democracies-are-better-at-managing-crises/> (accessed September 2, 2020).

³ “Why Has the Pandemic Spared the Buddhist Parts of South-East Asia?” *Economist* (July 9, 2020), <https://www.economist.com/asia/2020/07/09/why-has-the-pandemic-spared-the-buddhist-parts-of-south-east-asia> (accessed September 2, 2020).

⁴ Melbourne University School of Geography, “The Geographies of COVID-19,” *Pursuit—University of Melbourne* (July 14, 2020), <https://pursuit.unimelb.edu.au/articles/the-geographies-of-covid-19> (accessed September 2, 2020).

⁵ Jacob Ausubel, “Populations Skew Older in Some of the Countries Hit Hard by COVID-19,” *Pew Research Center* (April 22, 2020), <https://www.pewresearch.org/fact-tank/2020/04/22/populations-skew-older-in-some-of-the-countries-hit-hard-by-covid-19/> (accessed September 2, 2020).

⁶ Abiel Sebhatu, Karl Wennberg, Stefan Arora-Jonsson, and Staffan I. Lindberg, “Explaining the Homogeneous Diffusion of COVID-19 Nonpharmaceutical Interventions across Heterogeneous Countries,” *PNAS* 117, no. 35 (2020): 21201–21208.

⁷ Bruce Pannier, “Uzbekistan’s Coronavirus ‘Success Story’ Rapidly Falls Apart,” *Radio Liberty* (July 30, 2020), <https://www.rferl.org/a/uzbekistan-s-coronavirus-success-story-rapidly-falls-apart/30756514.html> (accessed September 3, 2020), and Saltanat Janenova and Jonathan Fisher, “How Central Asia’s Authoritarian Regimes Have Used Coronavirus to Their Advantage,” *Conversation* (May 21, 2020), <https://theconversation.com/how-central-asias-authoritarian-regimes-have-used-coronavirus-to-their-advantage-138498> (accessed August 25, 2020).

pathways and their COVID-19 outcomes suggests that, despite the near impossibility of linking a country's economic development level and regime type with its specific pandemic response, there were features in democracies damaged by pre-pandemic populist politics that produced comparable policy decisions once the outbreak began, and thus comparable results.⁸ Beyond the Southeast Asian region, too, populists presided over pandemic responses with the highest death tolls in the world—Trump in the United States, Bolsonaro in Brazil, and Johnson in the United Kingdom. It seems, then, that it is not capacity or regime type per se that correlates with pandemic outcomes, but a certain form of politics operating within these regimes.

In order to shed light on how democracies with recent episodes of populism handled the pandemic, this study focuses on the COVID-19 response of Indonesia. It tests the three main explanatory propositions in the scholarly literature on what shaped a country's COVID-19 response: first, economic capacity, reflected in a nation's development status; second, regime type, often focused on the supposed lack of coercive authority in democratic states; and third, the role of agency and specific policies, which were borne out of the political setting dominant at the time of the outbreak. Other factors also have been advanced to explain Indonesia's COVID-response—for instance, the country's president, Joko Widodo (or “Jokowi”), has repeatedly used a culturalist argument centered around the alleged lack of discipline among Indonesian citizens to justify why no strict lockdown was imposed. While not entirely implausible, this essay does not engage with such approaches, given the difficulty to measure them in any meaningful way.

After first providing an overview of Indonesia's COVID-19 response, the essay successively addresses the country's economic capacity constraints; measures the coercive authority embedded in its democracy; and assesses populist policy decisions made at the time of the outbreak. The essay concludes that, while Indonesia experienced significant—and rather obvious—capacity limitations, these did not make Indonesia path-dependent on a particular policy response or outcome. Rather, Indonesia's top national leaders chose a response that reflected their policy preferences at the time of the outbreak, and that aligned—albeit in a less radical way—with those of other polities affected by populism around the world.

Indonesia's COVID-19 Response

Assessing the effectiveness of Indonesia's COVID-19 response is a difficult exercise, given the lack of reliable data. The main problem in this regard has been Indonesia's consistently low level of testing. By early October 2020,

⁸ Aurel Croissant, “Democracies with Preexisting Conditions and the Coronavirus in the Indo-Pacific,” *Asian Forum* (June 6, 2020), <http://www.theasianforum.org/democracies-with-preexisting-conditions-and-the-coronavirus-in-the-indo-pacific/> (accessed September 3, 2020).

Indonesia's testing ratio stood at 7.8 per 1,000 people.⁹ Relative to population size, India had tested seven times more than that, and the Philippines and Brazil four times more. Compared to countries such as Turkey or South Africa, the contrast was even starker: Turkey tested sixteen times more than Indonesia, and South Africa nine times. Notably, Indonesia's level of testing was at par with or even below many sub-Saharan African countries: Kenya, Uganda, Ethiopia, and Senegal tested about a third more than Indonesia, while Rwanda—a model in the region—tested five times more. This was despite all these sub-Saharan countries having lower development levels than Indonesia. Against the background of Indonesia's poor testing coverage, then, its official infection numbers are unreliable. The government stated in early October that 307,000 people were infected with COVID-19, which was the second-highest number in Southeast Asia (after the Philippines) but was dwarfed by India's 6.7 million, Brazil's 4.9 million, or the 1.3 million in Russia.¹⁰ In short, while Indonesia reported fewer infections than its peers, many epidemiologists believed that the actual number was much higher. Pandu Riono at the University of Indonesia, for instance, estimated in early August that the real infection level was “maybe 10 times the current [official] rate.”¹¹

The same uncertainty surrounded the number of COVID-19 fatalities. By early October, Indonesia had recorded the death of more than 11,300 people, the highest number in Southeast Asia.¹² But as with the infection numbers, Indonesian experts argued that the real number was substantially larger. As early as April, the Indonesian Association of Medical Doctors (IDI) warned that the number of deaths announced by the government was likely too low because it did not include those who had probably died of COVID-19 but had not been tested before dying.¹³ Hence, the low level of testing not only made it difficult to trace the spread of the virus, but also led to lower official death

⁹ “Total COVID-19 Tests per 1,000 People, Aug 31, 2020,” *Our World in Data* (October 6, 2020), <https://ourworldindata.org/grapher/full-list-cumulative-total-tests-per-thousand-map> (accessed October 7, 2020).

¹⁰ “Daily vs Total Confirmed COVID-19 Cases,” *Our World in Data*, <https://ourworldindata.org/grapher/covid-daily-vs-total-cases> (accessed October 7, 2020).

¹¹ James Massola, “‘A Serious Problem’: Asymptomatic Cases May Place Indonesia at 1 m Infections,” *Sydney Morning Herald* (August 4, 2020), <https://www.smh.com.au/world/asia/a-serious-problem-asymptomatic-cases-may-place-indonesia-at-1m-infections-20200803-p55i5v.html> (accessed September 1, 2020).

¹² “Cumulative Confirmed COVID-19 Deaths, Aug 31, 2020,” *Our World in Data* (August 31, 2020), https://ourworldindata.org/coronavirus-data-explorer?tab=map&zoomToSelection=true&country=~OWID_WRL&deathsMetric=true&interval=total&hideControls=true&smoothIn-g=0&pickerMetric=location&pickerSort=asc (accessed September 1, 2020).

¹³ Penulis Dandy Bayu Bramasta, “IDI Sebut Angka Kematian Terkait Corona di Indonesia Lebih dari 1.000 Kasus” [IDI says that the number of deaths associated with the coronavirus in Indonesia is more than 1,000], *Kompas* (April 19, 2020), <https://www.kompas.com/tren/read/2020/04/19/112918065/idi-sebut-angka-kematian-terkait-corona-di-indonesia-lebih-dari-1000-kasus?page=all> (accessed September 1, 2020).

statistics. But there were occasional cracks in the executive's counting regime. As the news magazine *Tempo* reported in July, one of the government's data collection systems actually counted the likely number of deaths. On July 3, for instance, the number of persons likely to have died of COVID-19 was 13,885, while the official number of confirmed deaths on that day was 3,036. Asked why the government did not announce these statistics, a spokesperson said that they were not "needed by society and would lead to panic."¹⁴ Anecdotal evidence from major cemeteries also appeared to confirm a gap between official death numbers and burials related to COVID-19.¹⁵ For instance, burials in Jakarta increased from an average of about 3,000 per month prior to the pandemic to 4,422 in March, 4,450 in April, and 4,355 in May.¹⁶ The burial numbers for August and September showed further spikes.

Doubts related to the government's statistics notwithstanding, it is clear that Indonesia did not experience the same type of explosion of COVID-19 cases as the United States, the United Kingdom, or Brazil. While there were reports about hospitals being overwhelmed in some of the major cities in the early phase of the crisis, the pressure on the health system did not reach the same level as in the abovementioned countries. Instead of a rapid, uncontrollable spike in cases, Indonesia recorded a slow-burning gradual increase—even if the low level of testing and the implicit underreporting are taken into account. Thus, while Indonesia did poorly when compared to most of its Southeast Asian neighbors (except the Philippines), there were countries in other world regions that witnessed substantially worse outcomes. This does not mean, however, that the Indonesian government found many admirers for its approach. It was slower to react than Vietnam, Thailand, and even East Timor, and once it did develop crisis policies, they lacked the clarity and stringency of the methods applied by Malaysia or Singapore. The three phases of the Indonesian government's COVID-19 response during the first nine months of the crisis, between January and September 2020, are explained below.

Experts increasingly have pointed to fast action and effective communication in the early phase of the crisis as the key to successful containment of the virus and its orderly management in later periods. In

¹⁴ Davy Emis, "Buta Data Menghadapi Corona" [Facing the coronavirus while being data-blind], *Majalah Tempo* (July 4, 2020), <https://majalah.tempo.co/read/nasional/160878/sengkarut-data-covid-19-angka-kematian-ternyata-lebih-dari-13-ribu> (accessed September 1, 2020).

¹⁵ Amir Baihaqi, "Dioperasikan Sebulan, Pemakaman Jenazah COVID-19 di TPU Keputih Nyaris Penuh" [After operating for one month, the special cemetery for COVID-19-related bodies at the Keputih General Cemetery is almost full], *Detik* (July 21, 2020), <https://news.detik.com/berita-jawa-timur/d-5102528/dioperasikan-sebulan-pemakaman-jenazah-covid-19-di-tpu-keputih-nyaris-penuh> (accessed September 1, 2020)

¹⁶ "Infografis Pelayanan Pemakaman" [Infographic related to burial services], Dinas Pertamanan dan Hutan Kota DKI Jakarta [Office for City Park and Forest Services for the Special Capital Region of Jakarta], <https://pertamananpemakaman.jakarta.go.id/v140/t15> (accessed September 1, 2020).

Vietnam, for instance, “before the end of January, [the government] had issued its National Response Plan,” and “the strategy was swiftly deployed with the help of the military, public security services, and grass-root organizations.”¹⁷ In addition, “effective and transparent communications won the population’s buy-in.” In Indonesia, by contrast, the government mostly tried to downplay the threat posed by the virus in the early period of the outbreak between January and March 2020. Indonesia’s controversial health minister, Terawan Agus Putranto—who had come to fame as a doctor who administered nonapproved “brain flushing” stroke treatments to wealthy clients— speculated in February that Indonesia had no official COVID-19 cases because its citizens prayed so much.¹⁸ As a precaution, he recommended eating healthily and relaxation. Another health official even suggested that Indonesians were immune because of their Malay race.¹⁹ Government circles also argued that warmer weather was hostile to the virus, and that Indonesia therefore had good chances of avoiding it.²⁰ Later, Jokowi admitted that the government was not releasing all it knew about the virus during this period, saying that “indeed, we did not deliver certain information to the public because we did not want to stir panic.”²¹ This approach subsequently also shaped the government’s handling of infection and fatalities statistics.

The announcement of Indonesia’s first confirmed COVID-19 case on March 2 marked the beginning of the second phase of the crisis. This period was characterized by contestation between the central government and the regions, with Jokowi’s administration advocating an economy-focused approach, while many regions demanded the prioritization of public-health

¹⁷ Era Dabla-Norris, Anne-Marie Gulde-Wolf, and Francois Painchaud, “Vietnam’s Success in Containing COVID-19 Offers Roadmap for Other Developing Countries,” *International Monetary Fund* (June 29, 2020), <https://www.imf.org/en/News/Articles/2020/06/29/na062920-vietnams-success-in-containing-covid19-offers-roadmap-for-other-developing-countries> (accessed September 1, 2020).

¹⁸ Dewi Nurita, “Terawan Sebut Doa Jadi Salah Satu Alasan Indonesia Bebas COVID-19” [Terawan says prayer is one of the reasons why Indonesia is free of COVID-19], *Koran Tempo* (February 28, 2020), <https://nasional.tempo.co/read/1313016/terawan-sebut-doa-jadi-salah-satu-alasan-indonesia-bebas-covid-19/full&view=ok> (accessed September 1, 2020).

¹⁹ Isal Mawardi, “Ahli Sebut RI Aman dari Corona Karena Ras Melayu, Ini Penjelasannya” [Expert says Indonesia is safe from coronavirus because of its Malay ethnicity: Here is his explanation], *Detik* (February 29, 2020), <https://news.detik.com/berita/d-4919669/ahli-sebut-ri-aman-dari-corona-karena-ras-melayu-ini-penjelasannya> (accessed September 1, 2020).

²⁰ Zacharias Wuragil, “Virus Corona Tak Cocok Dengan Cuaca di Indonesia Tapi” [The Coronavirus doesn’t feel comfortable with the Indonesian climate but...], *Koran Tempo* (February 4, 2020), <https://tekno.tempo.co/read/1303411/virus-corona-tak-cocok-dengan-cuaca-di-indonesia-tapi> (accessed September 1, 2020).

²¹ Dyaning Pangestika, “‘We Don’t Want People to Panic’: Jokowi Says on Lack of Transparency about COVID Cases,” *Jakarta Post* (March 14, 2020), <https://www.thejakartapost.com/news/2020/03/13/we-dont-want-people-to-panic-jokowi-says-on-lack-of-transparency-about-covid-cases.html> (accessed September 1, 2020).

concerns. Hence, the national executive tried to prevent individual provinces and districts from ordering their own lockdowns, and instead offered—by late March—a regulatory framework through which local administrations could implement mobility restrictions after being approved by Terawan’s health ministry. Only four provinces (among thirty-four) and twenty-five districts and cities (of 514) applied for this measure, leaving Indonesia with a fragmented system of restrictions (or the lack thereof). Other areas, such as Bali, relied entirely on provincial directives and some internal guidelines by the national police to limit mobility of its citizens. With the number of infections rising steadily throughout this period, Jokowi ordered the police and military in late May to monitor citizens’ compliance with health protocols—but initially just in those areas that had signed on to the central government’s framework. Within this patchwork of regulations and practices, only the capital, Jakarta—governed by Jokowi’s political rival and presidential hopeful for 2024, Anies Baswedan—came temporarily close to the kind of lockdown implemented in other countries, and it was the only region to meet World Health Organization (WHO) standards on testing. Typically, half of Indonesia’s tests were conducted in Jakarta.²²

But as patchy as Indonesia’s containment regime was, Jokowi grew increasingly impatient with it and began to push for a return to normal economic activity throughout the month of May. Speaking about the need for a “new normal,” he argued that Indonesia had to “make peace” with the virus until a vaccine was found.²³ This “new normal” discourse, successfully propagated by Jokowi, signaled the beginning of the third phase of the crisis. By the beginning of June, most areas—including Jakarta—relaxed mobility restrictions in order to stimulate the economy, despite a consistent increase in case numbers and fatalities. With this approach, Jokowi—and other regional leaders who had previously favored the prioritization of public health over the economy—recognized growing economic frustrations among the population, and followed trends visible around the globe. This shift was also reflected in polling data: while in May, 61 percent of respondents in a national survey wanted public health to be prioritized over economic considerations, this number declined to 45 percent in July, with a majority now prioritizing the economy. Experts and opinion makers disagreed, however: in an expert survey

²² Ihsanuddin, “Menyoal Ketimpangan Tes Covid-19 di DKI Jakarta dengan Daerah Lainnya” [Addressing the imbalance between Jakarta and other areas in terms of COVID-19 testing], *Kompas* (August 12, 2020), <https://nasional.kompas.com/read/2020/08/12/13371181/menyoal-ketimpangan-tes-covid-19-di-dki-jakarta-dengan-daerah-lainnya?page=all> (accessed September 1, 2020).

²³ Ihsanuddin, “Jokowi Sebut Hidup Berdamai dengan Covid-19, Apa Maksudnya?” [Jokowi says we should live in peace with COVID-19; What does that mean?], *Kompas*, <https://nasional.kompas.com/read/2020/05/08/06563101/jokowi-sebut-hidup-berdamai-dengan-covid-19-apa-maksudnya> (accessed September 1, 2020).

in July, 71 percent of respondents still believed that the government should place public health over the economy.²⁴ Jokowi's strategy, on the other hand, was now to invest heavily in the procurement of a vaccine—the government entered into an agreement with a Chinese manufacturer, with trials being held in Indonesia. In August, Jokowi suggested that the vaccine would be available by January 2021 and that “everything would return to normal” soon thereafter.²⁵ Until then, he advised, the population had to “work harder.”

By August, then, the government had adopted a two-track approach to the pandemic: first, it relied on a minimalist containment regime focused on mask-wearing, hand-washing, and some form of social distancing, without stricter measures to reduce mobility. Even when case numbers spiked in Jakarta in September, the government prevented the capital from implementing a strict lockdown and instead allowed offices to operate at a lower capacity. Second, it put most of its efforts (and hope) into the development of a vaccine, which was expected to return Indonesia to normalcy. This strategy was risky on both counts: the minimalist containment strategy allowed infection and fatality numbers to continue to grow, while testing levels remained insufficient to get a clear picture of where and how the virus was spreading; and, as experts kept reminding governments around the world, there was no guarantee that a vaccine would work, and even if it did, predictions as to its successful roll-out were premature.²⁶

Jokowi, however, not only strongly believed in his economy-first approach²⁷—he began to aggressively promote it as an international model. On various occasions, he compared the economic decline in other countries to Indonesia's (the Indonesian economy contracted by 5.3 percent in the second quarter of 2020), saying that Indonesia could have declined by 17 percent had it implemented a lockdown.²⁸ He also advanced the idea that mask-wearing

²⁴ Indikator, “Efek Kepemimpinan dan Kelembagaan dalam Penanganan COVID-19: Temuan Survei Elite Juli 2020” [The effect of leadership and institutions in the handling of COVID-19: Findings of an elite survey in July 2020], p. 27, https://indikator.co.id/wp-content/uploads/2020/08/Rilis_Survei_20_Agustus_2020.pdf (accessed September 1, 2020).

²⁵ Tim Detik, “Jokowi: Kalau Sudah Vaksinasi Corona, Kita Kembali Seperti Sebelum Pandemi” [Jokowi: Once we have been vaccinated, we'll be back to normal as before the pandemic], *Detik* (August 19, 2020), <https://news.detik.com/berita/d-5139480/jokowi-kalau-sudah-vaksinasi-corona-kita-kembali-seperti-sebelum-pandemi> (accessed September 1, 2020).

²⁶ “WHO Warns a Coronavirus Vaccine Alone Will Not End Pandemic,” CNBC (August 21, 2020), <https://www.cnbc.com/2020/08/21/who-warns-a-coronavirus-vaccine-alone-will-not-end-pandemic.html> (accessed September 3, 2020).

²⁷ Occasionally, Jokowi insisted that his priority was public health. But his actions spoke a different language: in September, only days after having proclaimed that he prioritized public health over the economy, he prevented Anies Baswedan from implementing a second lockdown in Jakarta.

²⁸ “Jokowi Sebut Ekonomi RI Bisa Minus 17 Persen kalau Lockdown” [Jokowi says Indonesian economy could have contracted by 17 percent if a lockdown had been implemented], *CNN Indonesia* (July 16, 2020), <https://www.cnnindonesia.com/ekonomi/20200716084508-532-525306/jokowi-sebut-ekonomi-ri-bisa-minus-17-persen-kalau-lockdown> (accessed September 1, 2020).

was in itself a containment approach that was equivalent to that of lockdowns. In August, he proclaimed that “faced with the choice of mask-wearing and lockdown, we chose wearing masks.”²⁹ A consistent wearer of masks himself, Jokowi used the mask as symbolic evidence that his government was still pursuing a containment strategy, however minimal. But his publicly displayed pride in his handling of COVID-19 could not hide the fact that the government had missed crucially important early intervention opportunities in the first phase of the crisis; saw Indonesia’s death toll growing into Southeast Asia’s highest in the second phase of inconsistent containment attempts; and retreated to a minimalist approach amid continuously rising case numbers in the third phase, while concentrating on the development of a vaccine. Hence, despite the fact that Indonesia had not seen the same levels of catastrophe as Brazil or the United States, few countries or international experts viewed Indonesia as an example to follow.

Economic Capacity and Its Limitations

One of the main propositions advanced by scholars to explain diverse COVID-19 outcomes has focused on the varying economic and developmental capacities of each state. Obviously, states with higher levels of economic development, and thus more resources invested in their health sectors, were in a better structural position to reduce the impact of the pandemic than those with lower capacity. For Indonesia, this capacity-focused position has been most aptly summarized by Linda Rae Bennett, who argued that most critical media reporting on Indonesia’s supposedly poor COVID-19 response was “missing context.” Proposing a “contextual and strengths-based approach,” she suggested that “that many of the factors that amplify the risks of Covid-19 for the Indonesian population are structural and therefore cannot be changed in the short term.”³⁰ Concretely, she mentioned

the high population density in large cities and some rural areas that makes social distancing extremely difficult; the huge informal workforce who work in public spaces and on the street and who will not eat if they don’t work in these spaces; and the very large number of people who are either homeless or who live in informal urban settlements in conditions where social distancing is simply impossible.³¹

²⁹ “Jokowi Ungkapkan Pilih Masker daripada Lockdown dan PSBB” [Jokowi says he chose masks over lockdowns and large-scale restrictions], *CNN Indonesia* (August 11, 2020), <https://www.cnnindonesia.com/nasional/20200811114906-20-534425/jokowi-ungkap-pilih-masker-daripada-lockdown-dan-psbb> (accessed September 1, 2020).

³⁰ Linda Rae Bennett, “Too Much Reporting on Covid-19 in Indonesia Is Missing Context,” *Indonesia at Melbourne* (May 5, 2020), <https://indonesiaatmelbourne.unimelb.edu.au/too-much-reporting-on-covid-19-in-indonesia-is-missing-context/> (accessed September 1, 2020).

³¹ *Ibid.*

Low testing levels, too, she proposed, were to be expected in almost all lower- and middle-income countries and were therefore not unique to the Indonesian situation.³²

The same view also underpinned Jokowi's reasoning for Indonesia's economy-first COVID-19 response. In late March, Jokowi emphasized that there was no global blueprint for pandemic measures, and that each country had to find its own way according to its "land size, population numbers... , the economy of its society, and other features."³³ Citing the example of India³⁴—another developing country with a large population—Jokowi suggested that lockdowns were inappropriate for states such as Indonesia because they would lead to chaos and economic collapse. A few days later, in early April, he rhetorically asked, "Do you understand what a lockdown means? It means people can't leave the house, all transportation has to stop, whether it's bus, private vehicles, motorcycles, trains, planes—they all stop. All office activity stops. That's not the way we're taking."³⁵ In other words, while richer nations might be able to implement lockdowns, such a step was impossible for countries such as Indonesia where—as Bennett pointed out—halting the economy was out of the question.

The above arguments are valid—indeed, they seem compelling. There is no doubt that lockdowns were a luxury that fully industrialized nations were in a significantly better position to pull off without profoundly destroying their economies. Such countries also had better health systems to manage the constant flow of infected patients into their hospitals, and more effective social-welfare regimes to cushion the overall impact of the pandemic for their citizens. Despite its intuitive explanatory power, however, the theory centered around a clear nexus between socio-economic capacity and Indonesia's COVID-19 outcome has a number of important limitations.

To begin with, it is somewhat outdated to categorize Indonesia as a Third World nation with severe economic constraints that hamstrung its COVID-19 response. It should be noted that Indonesia transitioned into higher middle-

³² Ibid.

³³ Aditya Eka Prawira, "Tangani Pandemi COVID-19, Jokowi Sebut Indonesia Tidak Bisa Begitu Saja Tiru Negara Lain" [Jokowi says Indonesia can't just copy other countries' approaches to handling the COVID-19 pandemic], *Liputan 6* (March 31, 2020), <https://www.liputan6.com/health/read/4215859/tangani-pandemi-covid-19-jokowi-sebut-indonesia-tidak-bisa-begitu-saja-tiru-negara-lain> (accessed September 1, 2020).

³⁴ Tim Detik, "Jokowi Tak Pilih Karantina Wilayah, Istana: Presiden Lihat Kekacauan di India" [Jokowi chooses not to quarantine regions, Palace: The President saw the chaos in India], *Detik* (March 31, 2020), <https://news.detik.com/berita/d-4959144/jokowi-tak-pilih-karantina-wilayah-istana-presiden-lihat-kekacauan-di-india?single=1> (accessed September 1, 2020).

³⁵ Ihsanuddin, "Jokowi Akhirnya Blak-blakan soal Alasan Tak Mau Lockdown" [Jokowi finally opens up about why he did not want a lockdown], *Kompas* (April 2, 2020), <https://nasional.kompas.com/read/2020/04/02/05405561/jokowi-akhirnya-blak-blakan-soal-alasan-tak-mau-lockdown?page=all> (accessed October 25, 2020).

income status in 2020, after passing the relevant GNI per capita threshold of U.S.\$4,046. In terms of purchasing power parity, Indonesia is now the world's tenth largest economy. Indonesia joined the exclusive club of one-trillion-dollar economies in 2017, and it is a member of the G20, giving it a seat at the table when the world's richest countries negotiate the future of global trade. According to the World Bank, "Indonesia has made enormous gains in poverty reduction, cutting the poverty rate by more than half since 1999, to 9.4% in 2019."³⁶ Further, "the middle class has been growing faster than other groups; there are now at least 52 million economically secure Indonesians, or one Indonesian in every five," and "over the past 20 years, the majority of the poor and vulnerable have climbed out of poverty and into the aspiring middle class, where there are approximately 115 million people who belong in this category."³⁷ None of this means, evidently, that Indonesia no longer faces serious challenges and limitations as a middle-income country, or that it has vast fiscal resources comparable to those of fully developed, high-capacity nations. Around 20 percent of the population remains "vulnerable of falling into poverty, as their income hovers marginally above the national poverty line."³⁸ But the country's strong economic growth makes it necessary to adjust our thinking about Indonesia's capacity in line with its expanding resources.

Even if we were to accept that Indonesia is a low-development, low-capacity polity, however, this still would not tie it to a path-dependent outcome. As indicated earlier, a number of Southeast Asian countries with lower development status than Indonesia's were able to prevent the kind of outbreak that Indonesia experienced. Importantly, they often managed to do so through early interventions that made imposing full, long-term lockdowns unnecessary. Vietnam, with a GDP per capita one-third lower than Indonesia's, was one such country, and Timor-Leste, which has half of Indonesia's GDP per capita levels, was another. In Timor-Leste, through early tracing and quarantine of infected patients, "all cases—mostly imported from Indonesia via returning Timorese students—were identified before reaching the community. This helped to prevent wider community transmission." To secure this status, a stay-at-home order was issued, and "citizens received support packages from the non-government and private sector."³⁹ By the end of May, there were

³⁶ The World Bank, "Indonesia: Overview" (April 7, 2020), <https://www.worldbank.org/en/country/indonesia/overview> (accessed September 1, 2020).

³⁷ The World Bank, "Aspiring Indonesia: Expanding the Middle Class" (January 30, 2020), <https://www.worldbank.org/en/country/indonesia/publication/aspiring-indonesia-expanding-the-middle-class> (accessed September 1, 2020).

³⁸ The World Bank, "Indonesia: Overview" (April 7, 2020), <https://www.worldbank.org/en/country/indonesia/overview> (accessed September 1, 2020).

³⁹ Susanna Barnes, Teresa Hall, Balthasar Kehi, Quintiliano Mok, and Lisa Palmer, "How Timor-Leste Has Mobilised against COVID-19," *Pursuit—University of Melbourne* (July 23, 2020), <https://pursuit.unimelb.edu.au/articles/how-timor-leste-has-mobilised-against-covid-19> (accessed September 1, 2020).

only twenty-four cases, and all had recovered, so the state of emergency was lifted in late June. As the WHO testified, “Timor-Leste...has responded swiftly and effectively in dealing with the COVID-19 pandemic, despite a fragile healthcare system and limited resources.”⁴⁰ In fact, Timor-Leste’s biggest worry has been that spiking case numbers in the Indonesian part of Timor island might spill over into its territory.

Similarly, Indonesia’s broader development status is insufficient to explain its low COVID-19 testing levels. As demonstrated above, Indonesia’s level of testing was at par with or even below that of several, much poorer sub-Saharan African countries. At the beginning of the outbreak, Indonesia’s main problem was the unavailability of testing kits—which the government initially seemed in no hurry to procure.⁴¹ But as the crisis progressed, it was the lack of trained laboratory personnel that emerged as the biggest obstacle to higher testing levels.⁴² This constellation points to a more complex linkage between a country’s capacity and COVID-19 outcomes than the general claim of a nexus between development status and the observed pandemic management ability. Arguably, the most important aspect in this correlation is what a country *does* with the available resources. Vietnam, for instance, with a considerably lower GDP per capita than Indonesia, has twice as many medical doctors per 10,000 population as Indonesia (8.28 in Vietnam versus 4.27 in Indonesia).⁴³ Indonesia also has fewer than the Philippines (6) and Myanmar (6.77), and only slightly more than the much poorer Laos (3.73). These numbers reflect a broader trend: “at 3.6 percent of GDP [in 2016], Indonesia’s [Total Health Expenditure] levels are among the lowest in the world, and are particularly low when benchmarked against other lower-middle-income countries (5.9 percent of GDP).”⁴⁴

⁴⁰ World Health Organization, “How Timor-Leste Is Dealing with COVID-19 Outbreak” (May 21, 2020), <https://www.who.int/southeastasia/news/feature-stories/detail/how-timor-leste-is-dealing-with-covid-19-outbreak> (accessed September 1, 2020).

⁴¹ In early February, the government said that it had the capacity to test a total of 1,200 people, which it described as sufficient. Nivell Rayda, “Indonesian Health Ministry Says Lab Has All Needed Equipment to Detect Novel Coronavirus,” Channel News Asia (February 5, 2020), <https://www.channelnewsasia.com/news/asia/wuhan-coronavirus-indonesia-testing-kits-laboratory-12389198> (accessed September 3, 2020).

⁴² Ardila Syakriah, “COVID-19 Leaves Lab Workers Grappling with Unprecedented Testing Scale,” *Jakarta Post* (June 3, 2020), <https://www.thejakartapost.com/news/2020/06/02/covid-19-leaves-lab-workers-grappling-with-unprecedented-testing-scale.html> (accessed September 1, 2020).

⁴³ World Health Organization, “Medical Doctors (per 10000 Population),” [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population)) (accessed September 1, 2020).

⁴⁴ The World Bank, “Indonesia: Health Financing System Assessment,” p. 4 (October 28, 2016), <http://documents1.worldbank.org/curated/en/453091479269158106/pdf/110298-REVISED-PUBLIC-HFSA-Nov17-LowRes.pdf> (accessed September 1, 2020).

Thus, despite the laudable introduction of a universal health insurance system in 2014, the country's leaders have not used the consistently growing GDP to increase overall investments in the health sector. Rather, post-2014 governments have covered some expenses that patients previously had to shoulder as out-of-pocket costs, making the insurance scheme an improvement to social-welfare mechanisms rather than to the quality of health care per se.⁴⁵ The recent trajectory of this pattern has been particularly notable: although there was some increase in the ratio of total health expenditure to GDP from 2000 to 2010, since then this number has stagnated at 3 percent.

While Indonesian governments have chosen to invest less in the upgrading of the country's health system than others, a significant proportion of the money that flows into the system is lost to corruption. Indeed, predatory politicians have viewed the health sector as an especially lucrative arena for them to gain personal benefits through mark-ups, budget scalping, and requests for bribes. In one such case, Tubagus Chaeri Wardhana, the brother of the former governor of Banten, systematically targeted health projects across the province in the early 2010s. He had arranged for medical equipment contracts to be handed to his friends' companies, which marked up the price for low-quality products. Consequently, hospitals in many areas of Banten received products that were not in line with what they had requested, preventing them from offering satisfactory health services. According to Indonesian Corruption Watch, this practice has occurred frequently in other areas as well, making it systemic in nature.⁴⁶ The former health minister, Siti Fadilah Supari (2004–2009), was sentenced to four years in prison in 2017 for receiving bribes of over \$135,000. She took the cash as a cut for her role in the procurement of marked-up equipment for medical emergencies. However, this did not keep her from offering public advice—from detention—related to the handling of the COVID-19 crisis, portraying herself as a uniquely qualified expert on the matter.

Unavailability of funds was also not the main problem in designing an economic package to moderate the impact of the COVID-19 crisis on the poorer segments of the population. As Bennett argued, lockdowns are difficult in informal economies in which workers cannot eat if they earn no money—but inferring the impossibility of such lockdowns problematically assumes that the state is unable to step in and provide emergency assistance. In fact, Indonesia has significant experience with cash handouts and food delivery programs—in 2008, then President Susilo Bambang Yudhoyono became massively popular through one such program launched just prior to the global financial crisis.

⁴⁵ World Health Organization, "Health Expenditure Profile: Indonesia," https://apps.who.int/nha/database/country_profile/Index/en (accessed September 1, 2020).

⁴⁶ Indonesian Corruption Watch (ICW), "Sakitnya Korupsi Kesehatan" [The sickness of corruption in the health sector] (May 14, 2018), <https://antikorupsi.org/index.php/id/article/sakitnya-korupsi-kesehatan> (accessed September 1, 2020).

This time, too, Jokowi put together a sensible package consisting of social assistance and financial incentives that had a total value of rupiah 695.2 trillion (\$50 billion). But by August 2020, only 21 percent of this money had been spent. Angry at this outcome, Jokowi blamed his ministers for not being fast enough, and his finance minister agreed. In August, Sri Mulyani Indrawati said that “some of the ministers are new. I thought all of the ministers were like me, who knows the bureaucracy, the policies, the budget documents. But, no, ...they even never worked in the government before.”⁴⁷ Presumably, she meant the health and social affairs ministers, who had responsibility for the bulk of the funds but had no government experience prior to their appointments in October 2019. Hence, in Jokowi’s own judgment, and that of his finance minister, the problem of the Indonesian state in delivering benefits to the poor to survive the crisis was not related to a “structural” capacity constraint, but the result of mismanagement and slow action.⁴⁸

In sum, Indonesia did not lack the economic resources and general development level to confront the COVID-19 outbreak more effectively than it did. It had gradually grown into a higher middle-income country in the decade prior to the outbreak, and its economy was now among the largest in the world. Of course, there were countries richer than Indonesia that recorded worse COVID-19 outcomes—shedding further doubts on the capacity-results nexus. The United States and the United Kingdom, for example, witnessed catastrophic pandemic outcomes despite being two of the world’s wealthiest countries, and so their failure to contain the outbreak within manageable levels must weigh heavier than Indonesia’s inability to avoid becoming the epicenter of COVID-19 in Southeast Asia. (It also needs to be noted that many rich European democracies, after successfully bringing down infection numbers during the first wave, carelessly triggered a second by lifting the very restrictions that had worked to contain the outbreak). But the fact that Indonesia struggled to respond to the crisis, and to raise testing levels above those of sub-Saharan Africa, points to self-inflicted deficiencies rather than inescapable “structures.” A disproportionately underfunded health sector exploited by predatory elites is not a capacity problem—it is an issue of misguided, but quite deliberate policy priorities. Similarly, there was nothing “structural” about the Jokowi government’s inaction in the first phase of the crisis—rather, it opted not to do more, in contrast to some other, much poorer countries in the region.

⁴⁷ Yunindita Prasidya, “Grappling with Bureaucracy, New Ministers Struggle to Spend Money Fast Enough: Sri Mulyani,” *Jakarta Post* (August 21, 2020), <https://www.thejakartapost.com/news/2020/08/21/grappling-with-bureaucracy-new-ministers-struggle-to-spend-money-fast-enough-sri-mulyani.html> (accessed September 1, 2020).

⁴⁸ Adrian Wail Akhlah, “COVID-19 Aid Funding Held Up by Red Tape,” *Jakarta Post* (July 3, 2020), <https://www.thejakartapost.com/paper/2020/07/02/covid-19-aid-funding-held-up-by-red-tape.html> (accessed September 1, 2020).

Democracy's Coercive Capacity

In early September 2020, Indonesia's Minister of the Interior Tito Karnavian expressed in the clearest possible terms what other officials before him had only hinted at: namely, that Indonesia's status as a democracy prevented it from implementing the kind of lockdowns that autocratic regimes had successfully practiced. Democracies such as India, the United States, and Indonesia, he argued, could not force their people to accept lockdowns, and thus had to resort to alternative, softer approaches. Indonesia, in this interpretation, not only lacked the economic strength for lockdowns, but also was hamstrung by its democratic nature, however deficient.⁴⁹

Prior to Tito's crystal-clear linkage between a country's democratic status and alleged limitations in managing the pandemic, Jokowi and others had used more vague language to make the same point. For instance, in March, Jokowi rejected the suggestion made by Jusuf Kalla, his former vice president, that Indonesia should implement a lockdown in the same way that China had successfully practiced in Wuhan. Kalla had stated that "China succeeded in slowing down [the spread of the virus] because of that lockdown. Disciplined countries can do that."⁵⁰ It was this notion of "discipline" that Jokowi responded to when he explained his rejection of the lockdown option with a lack of such discipline in Indonesia. "I have to convey that every country has a different character, a different culture, and different discipline,"⁵¹ Jokowi said in mid-April, responding to the continued pressure that Indonesia should replicate what China had done. While culturalist in nature, Jokowi's explanation also implied that Indonesia's democracy—in contrast to China's autocracy—did not have the means to enforce discipline among its citizens. This assessment of Indonesia's alleged lack of coercive capacity became even clearer when the government hesitated to ban travel during the Muslim Idul Fitri holiday, which experts warned would spread the virus from urban hotspots to the countryside. Senior minister Luhut Panjaitan asserted in early April that "the main consideration [for not banning such travel] is that even if it were banned,

⁴⁹ "Tito: Negara Otokrasi dan Oligarki Lebih Efektif Atasi Corona" [Tito: Autocratic and oligarchic states are more effective in overcoming the coronavirus], *CNN Indonesia* (September 3, 2020), <https://www.cnnindonesia.com/nasional/20200903154327-20-542470/tito-negara-otokrasi-dan-oligarki-lebih-efektif-atasi-corona> (accessed October 7, 2020).

⁵⁰ Rayful Mudassir, "Putus Mata Rantai Penularan Corona, Jusuf Kalla: Lakukan Lockdown Seperti China" [Breaking the coronavirus transmission chain, Jusuf Kalla: Implement a lockdown like China did], *Kabar24* (March 12, 2020), <https://kabar24.bisnis.com/read/20200312/15/1212401/putus-mata-rantai-penularan-corona-jusuf-kalla-lakukan-lockdown-seperti-china> (accessed September 1, 2020).

⁵¹ "Ingin Warga Disiplin Saat Corona, Jokowi Minta Tegakkan Hukum" [Aiming to uphold discipline among citizens during the pandemic, Jokowi asks for the law to be enforced], *CNN Indonesia* (April 14, 2020), <https://www.cnnindonesia.com/nasional/20200414111016-12-493327/ingin-warga-disiplin-saat-corona-jokowi-minta-tegakkan-hukum> (accessed September 1, 2020).

people would still [travel] anyway.”⁵² While the government eventually issued a formal ban on interregional travel during the holidays, it quickly followed up with a catalogue of exemptions that made the ban ineffective.

The statements made by Tito, Jokowi, and Luhut connected to a broader debate about the relationship between regime type and the capacity to execute lockdowns and other disciplining measures to fight the COVID-19 outbreak. On a conceptual level, their assertions questioned whether democracies could have the same ability to enforce regulations as autocracies—especially if such democracies had lower levels of economic development.⁵³ But more importantly for the Indonesian case, they suggested that the coercive ability of the post-Suharto polity was so weak that it could not keep its citizens from traveling, even when the danger of such travel to public health was obvious. All the Indonesian government could do, Luhut claimed, was to “to appeal to the consciousness of people, if you [travel], you will certainly carry the virus [and so] people in the countryside will die, and it could be your family.”⁵⁴ Both of these assertions, whether conceptual or empirical, deserve closer scrutiny. Therefore, the discussion below first looks at the coercive capacity of Indonesia’s democracy, and then briefly assesses whether democracies generally had lower chances of imposing disciplinary regulations than autocracies.

When Suharto’s autocracy fell in 1998, there were considerable concerns—both in Indonesia and abroad—that the new democracy would be incapable of holding the diverse archipelago together. The first few years of democratic transition seemed to confirm this notion: there were communal conflicts in Kalimantan, Sulawesi, and Maluku, and separatist movements expanded in Aceh and Papua. But many of these conflicts had spread not because the military and police lacked the capacity to contain them; rather, they either *refused* to contain or actively fueled the conflicts. Uncertain of their place in the democratic state and faced with possible prosecution over the human rights violations they had committed under Suharto, military and police forces did not make their full coercive power available to the new democratic rulers. This changed, however, under the leadership of President Megawati Sukarnoputri (2001–2004). Megawati, a political conservative, was seen as friendly toward military and police interests, and a view took hold

⁵² Ade Miranti Karunia, “Tak Ada Larangan Mudik, Luhut: Pertimbangannya Supaya Ekonomi Tidak Mati” [There is no ban on Islamic holiday travel, Luhut: The consideration is that the economy shouldn’t die], *Kompas* (April 2, 2020), <https://money.kompas.com/read/2020/04/02/141149626/tak-ada-larangan-mudik-luhut-pertimbangannya-supaya-ekonomi-tidak-mati?page=all> (accessed September 1, 2020).

⁵³ Rachel Kleinfeld, “Do Authoritarian or Democratic Countries Handle Pandemics Better?” *Carnegie Commentary* (March 31, 2020), <https://carnegieendowment.org/2020/03/31/do-authoritarian-or-democratic-countries-handle-pandemics-better-pub-81404> (accessed September 1, 2020).

⁵⁴ Karunia, “Tak Ada Larangan Mudik” [There is no ban on Islamic holiday travel].

in both forces that democracy, in its elite-controlled form, was compatible with their ambitions. Under Megawati, it became clear that no senior military or police officer would be held accountable for past transgressions, and that the post-1998 polity offered many opportunities for individual officers to continue their political and economic advancement. By 2003, most large-scale communal conflicts in Indonesia had ended.

Indeed, the democratic state saw a massive expansion of its coercive capacity.⁵⁵ In 1997, the last year of Suharto's rule, the military and police forces had a combined strength of 505,000 troops. Interestingly, this was the same level as in 1965, when Suharto had grabbed power, pointing to a significant decline in the troops-to-population ratio over the course of his three decades in power. This decline was, in fact, deliberate. Fearing that a large military could turn against him, Suharto had reduced the size of the army and kept the military's budget low and stagnant. Ironically, it was the new democratic order that reversed this trend and considerably boosted the security forces' budget and capacity. By 2014, the military and police had a combined strength of 899,000 troops. Simultaneously, the military's budget quadrupled from \$2 billion in 2001 to \$8 billion in 2015. For the police, the budget more than doubled under the Jokowi government alone—from \$3.1 billion in 2014 to \$7.5 billion in 2019.⁵⁶ This growth in troop numbers and budgets helped to decrease the dependence of both institutions on off-budget funding, and played an important role in reconciling them with the democratic polity. Even more importantly, however, the expansion of troop numbers and budgets contradicted the notion that Indonesia's democracy, in contrast to Suharto's autocracy, had a weak coercive apparatus.

The post-Suharto bureaucracy increased its outreach, too. Far from weakening the state, Indonesia's decentralization after 2001 actually allowed the bureaucracy to creep into corners of the archipelago previously untouched by administrative control. The civil service ballooned from 3.5 million members to 4.5 million members after Suharto's fall, before cuts were made to excess staff in order to bring the number down to 4.2 million by 2020.⁵⁷ The number of provinces, districts, cities, and villages increased greatly during

⁵⁵ The following two sections draw from Marcus Mietzner, "Stateness and State Capacity in Post-Authoritarian Indonesia: Securing Democracy's Survival, Entrenching Its Low Quality," in *Stateness and Democracy in East Asia*, ed. Aurel Croissant and Olli Hellmann (Cambridge, UK: Cambridge University Press, 2020), 179-203.

⁵⁶ Yoga Sukmana, "Capai Rp 104,7 Triliun, Anggaran Polri 2020 Terbesar Ketiga" [Reaching rupiah 104.7 trillion, the 2020 police budget is the third largest], *Kompas* (September 27, 2019), <https://money.kompas.com/read/2019/09/27/164849826/capai-rp-1047-triliun-anggaran-polri-2020-terbesar-ketiga> (accessed September 1, 2020).

⁵⁷ Aditya Pratama, "Jumlah PNS di Indonesia 4,2 Juta, Didominasi Tenaga Administrasi" [The number of civil servants in Indonesia is 4.2 million, dominated by administrative staff], *iNews* (January 27, 2020), <https://www.inews.id/finance/makro/jumlah-pns-di-indonesia-42-juta-didominasi-tenaga-administrasi> (accessed September 1, 2020).

decentralization, widening and deepening the bureaucratic infrastructure. It often has been pointed out that this bureaucratic expansion was not accompanied by a proportionate increase in the quality of public services.⁵⁸ This is correct in many ways, but in terms of establishing a controlling presence in Indonesian society, the post-1998 bureaucracy operating within a democratic framework easily exceeded the administrative and coercive capacity of its authoritarian predecessor.

In recent years, this enhanced coercive capacity has been used to intrude into the private spheres of Indonesian citizens. Under a 2008 antipornography law, the police have prosecuted citizens for wearing provocative clothing, making or sending videos deemed inappropriate, or publishing offensive works. Similarly, in an unprecedented anti-LGBTI campaign, the police have increasingly raided gay saunas and parties since 2017, investing significant resources into identifying the spots and executing the raids.⁵⁹ At the local level, many governments have issued sharia-inspired by-laws that prescribe specific dress codes and behavioral rules, overseen and policed by public-order officials. In Aceh, a separate sharia police punishes citizens for gambling, infidelity toward their spouses, having intimate relations without being married, homosexual acts, and violations of dress codes. Beyond these existing intrusions, there are plans to further intensify them. Proposed changes to Indonesia's criminal code, the deliberation of which was temporarily suspended in September 2019 but is set to continue soon, would criminalize all extra-marital sex, posing a heavy enforcement challenge to police. In other words, the post-Indonesian state has generally not been reluctant to micro-manage the private lives of its citizens, and it has shown considerable effectiveness in doing so.

Post-Suharto governments have also not hesitated to use their coercive power to disrupt political challenges to their authority. In September 2019, for instance, the Jokowi government disbanded a student movement that had built up across the country to protest against a law that weakened the Anti-Corruption Commission (KPK), as well as some other bills that threatened Indonesia's democratic substance. Determined to stop the movement, police erected road blocks to prevent students from reaching the cities in which the demonstrations took place, and worked with university rectors and school principals to confine students to their campuses.⁶⁰ The approach proved

⁵⁸ Blane D. Lewis, "Indonesian Decentralization: Accountability Deferred," *International Journal of Public Administration* 33, nos. 12-13 (2010): 648-657.

⁵⁹ " 'Spa Gay' Digerebek, Pegiat Kritik Polisi Gunakan UU Pornografi yang 'Targetkan LGBT' " ["Gay spa" raided, activists criticize police for using the pornography law to target LGBT], *BBC Indonesia* (October 9, 2017), <https://www.bbc.com/indonesia/indonesia-41541437> (accessed September 1, 2020).

⁶⁰ "Polisi Ancam Tangkap, Mahasiswa Teriak 'Revolusi' " [The police threaten to arrest students, they shout "Revolution"], *CNN Indonesia* (September 24, 2019), <https://www.cnnindonesia.com/nasional/20190924200821-20-433567/polisi-ancam-tangkap-mahasiswa-teriak-revolusi> (accessed September 1, 2020).

effective: the government succeeded in interrupting the movement to such an extent that it became paralyzed and ultimately disappeared. Against this background, and given Indonesia's generally grown coercive power after the end of the democratic transition in the early 2000s, the suggestion that the country lacked the apparatus to prevent people from traveling or to oversee stay-at-home orders is not entirely convincing. Nor does the notion that the Indonesian state is powerless vis-à-vis its citizens' "indiscipline" align with the evidence of systematic intrusions into their private lives in the past and present.

Significantly, Jokowi himself recognized the coercive ability of his security apparatus—but decided not to mobilize it for a lockdown. Instead, he waited until late May to involve the police and the military in securing what he called the “new normal” (i.e., his push to return to economic normalcy with some minimum restrictions still in place). Some 340,000 personnel were initially deployed in the areas that had signed up for the central government's regulatory framework on mobility restrictions,⁶¹ and later became involved in policing the wearing of masks in other provinces as well. But at that stage, it was no longer about preventing outbreaks—Indonesia was in the middle of one, and trying to end it with mask-wearing and social distancing alone was always an improbable proposition. Arguably, Jokowi was aware of this, and he therefore switched his strategy toward investing massively in procuring a vaccine and, simultaneously, bridging the time until its availability with a low-level holding operation. It is interesting to speculate what would have happened had Jokowi mobilized his coercive apparatus early in the crisis—either in February, as Vietnam did, or in March, as Kalla had suggested. But as we have seen, Jokowi was adamant from the beginning to avoid strict stay-at-home orders.

Had Indonesia tried a lockdown, it likely would have discovered that its status as a democracy did not reduce its ability to “discipline” its citizens and achieve a significant reduction in mobility and infection rates. As Oxford researchers established in a multi-country study, there is “no evidence that autocratic governments were more effective in reducing travel.” Instead, they revealed compelling “evidence to the contrary: countries with democratically accountable governments introduced less stringent lockdowns but were approximately 20% more effective in reducing geographic mobility at the same level of policy stringency.”⁶² In short, governments with higher levels of

⁶¹ Marchio Irfan Gorbiano, “Troop Deployment Plan Stokes Fear of Return to Hard Tactics, Dwifungsi,” *Jakarta Post*, June 4, 2020.

⁶² Carl Benedikt Frey, Chinchih Chen, and Giorgio Presidente, “Democracy, Culture, and Contagion: Political Regimes and Countries Responsiveness to Covid-19,” *Oxford University* (May 13, 2020), https://www.oxfordmartin.ox.ac.uk/downloads/academic/Democracy-Culture-and-Contagion_May13.pdf (accessed September 1, 2020). It needs to be noted, however, that the Oxford COVID-19 Government Response Tracker upon which this article was based is not

democratic quality were more effective, rather than less, in achieving mobility restrictions, and while China's lockdown attracted the most attention, it did not set a trend for exclusive autocratic successes with lockdown regimes.

It appears, then, that neither Indonesia's economic capacity nor its democratic status decisively constrained its potential to offer a more stringent COVID-19 response. That some of its leaders suggested that it did was somewhat paradoxical, given that Indonesia had spent much of the last decade trying to build its international image as a rising economic power and stable, output-oriented democracy. While there is little doubt that Indonesia's capacity in both the economic and coercive power arenas was weaker than that of many industrialized polities (whether democratic or autocratic), there is no evidence for either a linkage between such capacities and COVID-19 outcomes or for the existence of a particular structural incapability on Indonesia's part. Instead, the Indonesian case highlights that *decisions* taken by governments were crucial—in particular, the *timeliness* of those decisions. This shifts the focus of our analysis from the structural to the agency level, but it does not mean that contexts were irrelevant. As the next section shows, since the mid-2010s, Indonesian democracy had witnessed the rise of populist ideas both among its elite and in the population, and this pervasive populism made it more likely that the country's leaders would make poor decisions when the COVID-19 pandemic began. Thus, the strongest determinant of Indonesia's response was not a deeply entrenched economic or coercive incapacity; rather, it was a political discourse that weakened the traditional democratic strengths of transparency and evidence-based deliberation.

Populism and COVID-19

Prior to the COVID-19 outbreak, Indonesian democracy had seen an extended period of decline, with long-standing deficiencies worsening and new ones emerging. The author elaborated on these democratic weaknesses and the way they affected Indonesia's COVID-19 response elsewhere,⁶³ but none has been more consequential than the country's gradual adoption of populist ideas, rhetoric, and practices since 2014. This populism had shaped the presidential elections of 2014 and 2019, and also played a significant role in grassroots politics.⁶⁴ Following Cas Mudde, this essay posits populism “as a thin-centred

always effective in comparing COVID-19 policies. Indonesia, for instance, received a relatively high stringency score, although many of its nominal measures were not always implemented. By contrast, other countries that had responded quickly and therefore avoided harsher subsequent measures received a lower score.

⁶³ Marcus Mietzner, “Populist Anti-Scientism, Religious Polarisation, and Institutionalised Corruption: How Indonesia's Democratic Decline Shaped Its COVID-19 Response,” *Journal of Current Southeast Asian Affairs* 39, no. 2 (2020): 227-249.

⁶⁴ Diego Fossati and Marcus Mietzner, “Analyzing Indonesia's Populist Electorate: Demographic, Ideological, and Attitudinal Trends,” *Asian Survey* 59, no. 5 (2018): 769-794.

ideology that considers society to be ultimately separated into two homogeneous and antagonistic camps, ‘the pure people’ versus ‘the corrupt elite,’ and which argues that politics should be an expression of the *volonté générale* (general will) of the people.”⁶⁵ However, as Mudde’s concept has been less specific on who exactly the populists are, this study also borrows from Steven Levitsky and James Loxton, who have described populists as those who “mobilise mass support via anti-establishment appeals,... rise through prominence outside the national party system” and profess to establish a direct “linkage” to “the people.”⁶⁶ Thus, populists are prone to simple classifications and analyses, agitate against established views and knowledge seen as perpetuating “the system,” mobilize emotions rather than rational considerations, and offer themselves as the only ones who can see through the lies of the corrupt elite and remove them from power.

Unsurprisingly, then, populists around the world have responded to the COVID-19 crisis in similar ways. In the first phase of the crisis, they mostly viewed the pandemic as an irritating interruption of their alleged presiding over unprecedented periods of economic growth. Often portraying warnings of the pandemic as attempts by opponents to destroy their economic legacy, populists tended to downplay the threat posed by the virus and predicted that the crisis would soon end. Subsequently, once the pandemic had hit with full force, they looked for short-cuts to end the outbreak quickly, promoting treatments and measures that medical experts warned were ineffective, dangerous, or both. In this second phase of the crisis, populists often would agree to some form of enforcement of mobility restrictions, but then quickly revert back to their prioritization of economic growth and thus push for the re-opening of the economy much faster than medical advisers found prudent. Finally, as case numbers continued to grow, they promised a rapid roll-out of a vaccine, ignoring professional advice that nobody could set a timeline for successful development and testing of such a vaccine, let alone for its administering to large populations. U.S. President Donald Trump, for instance, openly pushed his health agencies to rush the vaccine development and approval process so that it would be available before the elections in November 2020. In typical populist fashion, he blamed the “deep state” for holding up this process.⁶⁷

Among the world’s populists, Trump and Brazilian President Jair Bolsonaro stuck most systematically to this populist COVID-19 playbook. Others deviated from it in some ways—Philippine President Rodrigo Duterte,

⁶⁵ Cas Mudde, “The Populist Zeitgeist,” *Government and Opposition* 39, no. 4 (2004): 543.

⁶⁶ Steven Levitsky and James Loxton, “Populism and Competitive Authoritarianism in the Andes,” *Democratization* 20, no. 1 (2013): 110.

⁶⁷ “Trump Accuses ‘Deep State’ of Delaying Coronavirus Vaccine until after US Election,” *Sydney Morning Herald* (August 23, 2020), <https://www.smh.com.au/world/north-america/trump-accuses-deep-state-of-delaying-coronavirus-vaccine-until-after-us-election-20200823-p55ode.html> (accessed September 2, 2020).

for instance, opted for a harsh lockdown in the second phase of the crisis. This lockdown, however, was widely criticized for its unpreparedness and for ignoring other key aspects of a public-health response. Britain's populist Prime Minister Boris Johnson also changed his mind in the second phase, altering his initial decision to just let the virus run through the population to achieve herd immunity. In Mexico, left-wing populist president "López Obrador continued traveling the country and wading into crowds for weeks after the country confirmed its first infection [on February 28]. Instead, he showed people the amulet that he said kept him safe and did not wear a mask publicly until [July]."⁶⁸ But different from his other populist counterparts who followed nonpopulist countries in rolling out significant social and economic assistance packages, Obrador was not keen on such programs, "partly because of [his] personal ethos of austerity."⁶⁹ Thus, populist leaders shared important broad patterns in responding to the pandemic, but these were filtered through the specific contexts of each country and leader.

In Indonesia, too, Jokowi followed the general outlines of the populist COVID-19 response blueprint but adjusted them to the specific character of his own populism. In contrast to Trump and Bolsonaro, Jokowi was a technocratic populist—that is, a populist who portrayed himself as an outsider to the deficient elite, but whose rhetoric focused on providing better public services rather than on destroying "the system" as a whole. Most importantly, his populism combined with a developmentalism that views "politically sensitive problems of law reform, corruption, and even good governance [as] subordinate to the more urgent goal of fast-paced economic development."⁷⁰ Within this developmentalism, the main emphasis is on infrastructure—roads, harbors, airports, and other "visible" objects that symbolize economic progress. Thus, "famous initially for his free health and education programs for the poor, [Jokowi subsequently poured] much of his energy into promoting the government's agenda for an infrastructure boom."⁷¹ Indeed, it was surprising how little attention Jokowi paid to the health sector after coming to power in 2014—having developed local health programs in his prepresidential posts as mayor of Solo and governor of Jakarta, and having used this record aggressively during the 2014 campaign. As president, he left the management of the universal health-care system to others and blamed its problems largely

⁶⁸ "In Struggle Against Pandemic, Populist Leaders Fare Poorly," Associated Press (July 23, 2020), <https://www.voanews.com/covid-19-pandemic/struggle-against-pandemic-populist-leaders-fare-poorly> (accessed September 2, 2020).

⁶⁹ Trevor Williams, "Brazil and Mexico: Populist Presidents Cope with Pandemic Realities," *Global Atlanta* (July 28, 2020), <https://www.globalatlanta.com/brazil-and-mexico-populist-presidents-cope-with-pandemic-realities/> (accessed September 2, 2020).

⁷⁰ Eve Warburton, "Jokowi and the New Developmentalism," *Bulletin of Indonesian Economic Studies* 52, no. 3 (2016): 307.

⁷¹ *Ibid.*

on bad financial planning of the agencies involved. In 2018, he famously complained that the financial shortages of hospitals should not be brought up to him as president, but with lower-ranking officials.⁷²

Against this background, Jokowi's response to the COVID-19 pandemic was strikingly predictable—both in its similarities with and its diversions from the global populist playbook. Jokowi was more serious in his response than Trump and Bolsonaro, as he possessed the technocratic experience and mindset that they lacked. But his prioritization of economic considerations over public-health concerns was similar to theirs—reflecting not so much Indonesia's lacking capacity or democratic constraints, but his deep conviction that protecting the state of the economy was the key task of a president. Many Indonesians agreed with him on this point, and their number increased over time as the economic impact of the pandemic became more severe. Similar to Trump and Bolsonaro, Jokowi hoped that unproven treatments could deliver a quick return to normalcy, and once that did not eventuate, he rushed his officials into fast-tracking the process of obtaining a vaccine. The following discussion highlights the populist elements of Indonesia's COVID-19 response in each phase of the crisis.

As noted earlier, the Indonesian government's main approach in the first phase of the pandemic was marked by denial and attempts to calm both the population and investors. Other than stopping flights from China in early February in line with the practice of most other countries, Indonesian officials did little else to prepare the country for the imminent outbreak. Instead, their explanations for why the virus was unlikely to hit Indonesia hard—ranging from religious, racial, and climatological to socio-political reasons—reflected a typical populist preference for both simplistic rationalizations and for the avoidance of economic disruption. In fact, at the height of the outbreak in Wuhan, Jokowi proposed to offer discounts to foreign tourists to make up for the loss of Chinese visitors to Indonesia. The attempt to create the impression that Indonesia was virus-free did not convince the international community, however. Foreign embassies in Jakarta made concerned representations to the government about the lack of action, and the international media drew increasingly unflattering comparisons with Indonesia's neighbors. After the first case was finally acknowledged in early March, one outlet noted,

Indonesia's restrictive testing policy has meant a country with a population of 270 million has only evaluated 153 people for the virus. It's a policy at odds with other south-east Asian nations, where the first cases were diagnosed in late-January

⁷² Niken Purnamasari, "Jokowi: Masa Bayar Utang Rumah Sakit Sampai Presiden, Kebangetan" [Jokowi: It's ridiculous that the payment of hospital debts reaches the desk of the president], *Detik* (October 17, 2018), <https://news.detik.com/berita/d-4260480/jokowi-masa-bayar-utang-rumah-sakit-sampai-presiden-kebangetan> (accessed September 2, 2020).

and official and unofficial quarantine periods have now kept thousands of people isolated.⁷³

In the second phase of the pandemic, the Jokowi government imposed some limited mobility restrictions, explicitly rejecting a national lockdown. This step, too, was fully consistent with Jokowi's long-standing view that the economy had to be prioritized over other concerns, and echoed sentiments expressed by Trump and Bolsonaro in their respective countries. And like his two populist counterparts in North and South America, Jokowi started the search for potential quick fixes to the pandemic. This was despite the warnings of experts that such rapid solutions were not only unlikely to be effective but also could endanger public health. Around the world, the symbol of this populist search for a miracle drug was hydroxychloroquine, a medicine usually applied to malaria patients. Trump and Bolsonaro became passionate supporters of the drug, insisting on its effectiveness even when tests had proven otherwise. For a period of time, Jokowi also jumped on the populist hydroxychloroquine bandwagon. On March 20, he announced that Indonesia had a stock of three million doses of the drug, and that it would be distributed quickly to hospitals, doctors, and patients. He viewed this measure as evidence of the "speed" with which the government was acting to find a way out from the pandemic.⁷⁴ To his credit, however, Jokowi eventually realized the risks of premature use of hydroxychloroquine. A few days after his announcement, he warned the public not to take the drug without a prescription, before quietly dropping the issue altogether.

Jokowi's reversal on hydroxychloroquine was not the end of the search for a quick fix, however. On the contrary, what followed was a seemingly endless stream of medical "inventions" advanced by government officials that were supposed to heal COVID-19 or mitigate its impacts. For instance, Jokowi's agriculture minister, Syahrul Yasin Limpo, proudly presented a series of eucalyptus products in early July. The star of the collection was an antivirus necklace. "We have tried it. If we [use it] for 30 minutes, it can kill 80 percent [of the coronavirus]. We have also produced a roll-on [product]," Syahrul proclaimed.⁷⁵ His cabinet colleague, research minister Bambang

⁷³ Emma Connors, "Indonesia's Secrecy, Denial Just Adds to Virus Panic," *Financial Review* (March 3, 2020), <https://www.afr.com/world/asia/indonesia-s-secrecy-denial-just-adds-to-virus-panic-20200302-p54671> (accessed September 2, 2020).

⁷⁴ Dany Garjito and Rifan Aditya, "Jokowi Sebut Chloroquine Ampuh Lawan Corona, WHO Ragu, Ini Alasannya" [Jokowi says chloroquine is a strong instrument in the fight against the coronavirus, the WHO has doubts, these are the reasons], *Suara* (March 20, 2020), <https://www.suara.com/news/2020/03/20/210838/jokowi-sebut-chloroquine-ampuh-lawan-corona-who-ragu-ini-alasannya?page=all> (accessed September 2, 2020).

⁷⁵ Tri Indah Oktavianti and Kharishar Kahfi, "Ministry Claims 'Antivirus Necklace' Prevents COVID-19, Experts Beg to Differ," *Jakarta Post* (July 5, 2020), <https://www.thejakartapost.com/news/2020/07/05/ministry-claims-antivirus-necklace-prevents-covid-19-experts-beg-to-differ.html> (accessed September 2, 2020).

Brodjonegoro, had prior to that already announced plans to develop a coconut oil supplement to prevent COVID-19 infections.⁷⁶ The army chief of staff, in cooperation with Airlangga University in Surabaya, promoted a number of drug cocktails (i.e., new combinations among existing drugs), and took the unusual step of personally visiting Indonesia's Supervisory Agency for Drugs and Food (BPOM) in August to ask it for expedited approval. Packaged as the "world's first COVID-19 medicine,"⁷⁷ the proposed drug combinations failed to convince BPOM, however, and it withheld approval. Further, senior minister Luhut Pandjaitan suggested in August that a "herbal mangosteen juice," developed by Surabaya mayor Tri Rismaharini, had healed "thousands."⁷⁸ While Jokowi did not officially endorse these scientifically unproven products, there is no indication that he told his officials to stop promoting them.

Jokowi's actions in the third phase of the crisis also replicated those of other populists around the world. To be sure, his decision to heavily invest in a vaccine was well-grounded—most countries with the necessary resources did the same. In August, the government announced that it would budget up to \$3.6 billion for the development and procurement of a vaccine in 2020 and 2021. But as indicated earlier, this big investment in a vaccine appeared to serve as a substitute for further containment measures, with a rise in infections and fatalities seemingly tolerated. This deployment of a vaccine promise as an instrument to avoid strict lockdowns and to normalize economic life was again something Jokowi shared with Trump and Bolsonaro. Like his American and Brazilian counterparts, he pressured his officials to speed up the production of the vaccine, setting unrealistic deadlines and ignoring medical advice on normal testing procedures. When Jokowi requested in late July that the vaccine should be available in three months, one of his experts reported that "we told [the President] that three months is impossible. We need to conduct proper testing."⁷⁹ As in the case of Trump's hurried push for a vaccine, therefore, Indonesian experts began to privately voice concerns about the possibility that

⁷⁶ Tiara Aliya Azzahra, "Pemerintah Juga Kembangkan Virgin Coconut Oil Jadi Suplemen Cegah Corona" [Government also develops virgin coconut oil as a supplement to prevent corona virus infections], *Detik* (May 3, 2020), <https://news.detik.com/berita/d-5138918/siang-ini-ksad-wak-apolri-ke-bpom-bahas-obat-corona-unair> (accessed September 2, 2020).

⁷⁷ Devina Halim, "KSAD Sebut Kandidat Obat Covid-19 Temuan Unair dan TNI AD Tunggu Izin Edar BPOM" [Army Chief of Staff says drug designed by Airlangga University and the Army is waiting for distribution approval from medical authorities], *Kompas* (August 16, 2020), <https://nasional.kompas.com/read/2020/08/16/08505191/ksad-sebut-kandidat-obat-covid-19-temuan-unair-dan-tni-ad-tunggu-izin-edar> (accessed October 25, 2020).

⁷⁸ "Minister Luhut Shows Support for Alternative COVID-19 Herbal," *Tempo* (August 13, 2020), <https://en.tempo.co/read/1375397/minister-luhut-shows-support-for-alternative-covid-19-herbal> (accessed September 2, 2020).

⁷⁹ "Jokowi Wants COVID-19 Vaccine Available within Three Months, Research Team Says," *Jakarta Post* (July 22, 2020), <https://www.thejakartapost.com/news/2020/07/22/jokowi-wants-covid-19-vaccine-available-within-three-months-research-team-says.html> (accessed September 2, 2020).

testing standards could be compromised by approval short-cuts.⁸⁰ This, in turn, harbored the risk of an unsafe vaccine being administered to the population, causing more damage than relief. In Mexico, Obrador chose a similar strategy, even offering himself as a test subject for a fast-tracked Russian vaccine to address the population's scepticism.

Thus, while there is little evidence that Indonesia's COVID-19 response was predetermined by its economic and coercive capacity levels, much similarity exists between Jokowi's approach and that of other populists around the globe. Importantly, many of the latter operated in countries with higher economic capacity and recorded worse results than Indonesia. This was partly due to the fact that although Jokowi followed the broad principles of a populist COVID-19 response, the specific form of his populism mitigated some of its most damaging impacts. As a technocratic populist with a developmentalist agenda, he prioritized the economy over public health, but he was not burdened by the executive inexperience and ideological combativeness of Trump or Bolsonaro. Neither did he share their (or Duterte's) overtly autocratic ambitions, allowing him to focus more clearly on the task at hand. But in its initial denial of the threat; the systematic avoidance of strict containment measures; the search for a rapid but scientifically irregular solution; and the projection of the vaccine as the ultimate savior that justified an early return to economic normalcy, Jokowi's policy was similar to that of many of the world's populist protagonists. The key to understanding Indonesia's (and the Philippine's) COVID-19 outcomes, therefore, lies in this set of complex policy priorities developed in a climate of growing populism, rather than in their structural predispositions.

Conclusion

The above discussion of Indonesia's COVID-19 response allows us now to return to the more general debate on linkages among pandemic management outcomes, economic development, regime type, and policy approaches. While it is clear that states with high levels of economic development had better "structural" preconditions to respond to the outbreak, the prosperity of a polity is insufficient to explain observed outcomes. Some high-capacity economies, such as the United States, recorded a worse outcome than the medium-capacity Indonesia, which in turn did worse than poorer states such as Vietnam and Timor-Leste. As a higher middle-income country with the tenth largest economy in the world, Indonesia was not structurally disadvantaged vis-à-vis most other countries in Southeast Asia—yet it became the region's pandemic epicenter, together with the Philippines. Similarly, Indonesia's status as an electoral democracy—as opposed to Vietnam's autocracy or Malaysia's

⁸⁰ Confidential communication to author, August 28, 2020.

hybrid regime—does not explain the country’s decision to opt for relatively soft containment measures and to prioritize the economy over public-health concerns. As we have seen, Indonesia’s coercive capacity had grown following the end of its democratic transition in the early 2000s, giving it more effective tools of coercion than those that Suharto’s autocracy had at its disposal. We also have noted that Indonesia’s democracy has regularly used these coercive instruments to discipline its population, in matters ranging from moral policing to containment of political dissent.

Therefore, arguments that explain a particular state’s COVID-19 response with its economic and coercive limitations tend to fall short, as they overlook the fact that this response was often entirely consistent with a polity’s decision-making contexts and the policy priorities of leaders. In the Indonesian case, the government’s approach to the pandemic was reflective of the populist tendencies in the country’s post-2014 polity and the developmentalist inclinations of its president. To begin with, widespread elite-level and societal populism made the government’s decision-making vulnerable to antiscientific solutions and the rejection of evidence-based reasoning. As in Trump’s America, the Indonesian government tended to ignore scientists who told it things it did not want to hear and relied on those who justified its approach. In August, the government’s spokesman on pandemic management, Wiku Adisasmito (who was a veterinarian by training but also had experience in the public-health aspects of infectious diseases), defended the government’s plan to re-open cinemas by saying that the happiness citizens would gain from visiting such venues could strengthen their “immunity” toward the virus.⁸¹ Such pseudo-scientific explanations were designed to frame economic decisions in the language of infectious disease control, and added to the many other “strange” decisions and ideas advanced throughout the crisis—from the reasons used to justify the government’s inaction in the early phase of the outbreak to the series of quackery-like “inventions” and the attempt to rush the vaccine through normally strict approval processes.

The prioritization of economic concerns over public health was part of the menu offered by populists around the world, but its manifestation in Indonesia also mirrored Jokowi’s specific political persona. As a populist technocrat, he was prone to seeking quick fixes but was concurrently equipped with a stronger ability to weigh evidence than Trump and Bolsonaro—as demonstrated by his initial enthusiastic endorsement of hydroxychloroquine and later quiet reversal of that position. In other words, Jokowi possessed some residual rationality filters for his populism that Trump and Bolsonaro lacked entirely.

⁸¹ Rica Agustina, “Pembukaan Bioskop di Masa Pandemi Covid-19, Wiku: Imunitas Masyarakat Dapat Meningkatkan saat Bahagia” [Addressing the opening of cinemas during the pandemic, Wiku: The immunity of citizens can increase when they’re happy], *Tribun News* (August 26, 2020), <https://www.tribunnews.com/corona/2020/08/26/pembukaan-bioskop-di-masa-pandemi-covid-19-wiku-imunitas-masyarakat-dapat-meningkat-saat-bahagia> (accessed September 2, 2020).

On one issue, however, Jokowi never wavered: that is, his strong belief that strict containment measures would hurt the economy, and that this damage would create more suffering than the virus. Much of Indonesia's COVID-19 response can be interpreted through this lens: Jokowi's decision to opt for soft containment was designed to save the economy, in general, and his plan to develop Indonesia through major infrastructure projects, in particular. Hence, Indonesia's COVID-19 response may look fragmented, ineffective, and almost accidental from the outside, but it followed the logic of Jokowi's thinking and the context in which it emerged. Implicit in this thinking was the notion that Indonesia was not "ready" for stricter measures, but even Jokowi sometimes revealed that this was not the main reason for his approach. Pressured in an interview with Najwa Shihab in April, he ultimately admitted that budgetary constraints were not at the core of his calculations.⁸² Instead, he disliked lockdowns in principle.

The Indonesian case shows, then, that a country's COVID-19 response was the product of policy decisions (or the lack thereof) rather than a function of its economic and political framework. Obviously, context matters—Indonesia's long-standing practice (continued by Jokowi) of not investing in the country's health sector in line with its economic abilities was one of the many elite decisions that made Indonesia vulnerable to a poor pandemic response, and so was the rise of populist approaches to complex policy issues since the mid-2010s. But even then, Jokowi had other options when the pandemic hit in early 2020 than to initially ignore the threat and to subsequently impose only partial mobility restrictions. For his part, Jokowi has taken full responsibility for his choices, believing that they helped Indonesia to secure a better outcome than other countries. And while some may disagree, his insistence that the outcome was the result of his actions is borne out by the evidence presented above.

Finally, it is important to note an obvious caveat. This essay has described the pandemic response of Indonesia's national government, as it was the latter that had the authority and means to set and implement overall policy. Indeed, as we have seen, it prevented local governments from implementing stricter lockdowns. Nevertheless, there was a myriad of micro-responses at the local level, which were run both by local administrations and civil society groups independent of them.⁸³ These micro-responses were crucial in addressing the gaps in the delivery of central economic relief programs, and helped

⁸² Astini Mega Sari, "Bantah Tak Lakukan Lockdown karena Minimnya Anggaran, Jokowi: Kita Belajar dari Negara Lain" [Denying that he didn't implement a lockdown because of lacking budget, Jokowi: We learned from other countries], *Tribun News* (April 23, 2020), <https://papua.tribunnews.com/2020/04/23/bantah-tak-lakukan-lockdown-karena-minimnya-anggaran-jokowi-kita-belajar-dari-negara-lain?page=2> (accessed September 2, 2020).

⁸³ Rebecca Meckelburg and Charan Bal, "As COVID-19 Escalates in Indonesia, Responses Are Fractured and Fractious," *Melbourne Asia Review* (October 5, 2020), <https://melbourneasiareview.edu.au/as-covid-19-escalates-in-indonesia-responses-are-fractured-and-fractious/> (accessed October 7, 2020).

to maintain social order in a period of great distress. It was this grassroots mobilization of social capital that arguably helped Indonesia to avoid an even worse pandemic management outcome. Thus, while the central government retains overall responsibility for Indonesia's COVID-19 record, there were significant correctives to its approach on the ground. These approaches, in turn, showed that not all of Indonesia's government (and nongovernment) institutions were beholden to the same populist mindset that shaped Jokowi's pandemic response, and that the country could have seen a different national policy if an alternative set of leaders had been in charge.