

Policy Brief

THE ACCOUNTABILITY OF COVID-19 PANDEMIC HANDLING

PREPARED BY

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BACKGROUND

1. Indonesia's experience in handling various large-scale disasters, in particular natural disasters, be it tsunamis, floods, volcanic eruptions, landslides, or earthquakes, provides a general description of the vulnerability in the management of public resources, in particular in budget-related ones, due to the relatively high risk of mishandling. Various cases of corruption have been addressed by law enforcers or reported by survivors who have not received their rightful assistance as they should. Meanwhile, assistance from various donors, both in Indonesia and from the international community continue to pour even as the disaster take place.
2. Aside from the vulnerability and high risk of corruption in disaster management budgeting, a common problem that often surfaces is the inadequacy in public information management, which leads to a lack of trust in the government at the time when cooperation, collaboration, and multi-stakeholder hand-in-hand efforts are key to a successful national disaster management.
3. Indonesia has proven to be relatively adept in managing major disasters, such as the establishment of the Aceh Rehabilitation and Reconstruction Agency (BRR) in response to the Aceh tsunami. The agency is designed to ensure a better level of coordination among multiple stakeholders, transparency and accountability of resource management in disaster management, and design of disaster mitigation strategies, especially in the provision of temporary housing for Aceh tsunami survivors.

PROBLEMS

1

Indonesia, just like many other countries in the world, is facing a serious health crisis due to the global spread of the COVID-19 pandemic. In Indonesia, the spread is facilitated by various flaws, one of which is the government's unpreparedness from the beginning as it underestimated the threat of COVID-19. Various policies issued to address the spread of COVID-19 have been inconsistent, lack of transparency, and poor coordination between one and the other, especially among state institutions authorized to address the problem as well as between central and local governments.

2

There is an absent focus on handling the COVID-19 pandemic as a health issue, because the central government is attuned to anticipating the economic problems that will emerge from the pandemic than its health problems, which pose a more dire short-term threat to the nation. The focus on economy then leads the many policies issued to minimize the spread of COVID-19 astray. In response, citizens take an initiative to work hand-in-hand with each other, encouraging an amassing of aid, locking down their neighborhoods, and running other initiatives one can observe from the traffic of information on social media.

3

Medical supply shortage that threatens health workers who deal with COVID-19 first hand has not been addressed in a prompt manner. In fact, health workers have become victims themselves. To date, there are at least 24 doctors and 6 nurses who have died from COVID-19 (per 6 April 2020, IDI and PPNI). This shortage is due to inadequate budget allocation policies both at central and regional levels, inadequate policies on the procurement of Covid-19-related goods and services, and inadequate policies on the distribution of medical supplies due to a lack of data. As a result, many areas that require medical supplies have not yet been assisted by responsible authorities.

4

The government appoints the Ministry of State Enterprises to purchase 500,000 rapid test kits from China, beginning on March 19, 2020. However, this purchase is considered ineffective, because the accuracy of the purchased rapid test kits only stands at 30%. Countries such as Spain, the Czech Republic, the Netherlands, Georgia, and Turkey have all returned similar rapid test kits to China. Samples taken by using the kits do not meet the projected number, and the state projects a potential loss due to the purchase.

5

The government's inability to conduct maximum testing on specimen samples leads to the inaccuracy of its official public information. The government's spokesperson for COVID-19 affairs Achmad Yurianto stated that the Agency of Health Research and Development (Litbangkes) was capable of examining around 1,700 specimen samples per day. However, the daily average of examined samples (from 27 March to 6 April 2020) stood around 607 samples. Consequently, it makes it harder for Indonesia to suppress its COVID-19 mortality rate, which as of April 6, 2020 stood at 8%.

PROPOSED POLICIES

1 2

There needs to be a thorough policy made law in the form of a Government Regulation (PP), Presidential Regulation (Perpres), or other legal instruments that serves as a basis for designing institutional governance functioning in particular to handle the COVID-19 pandemic and to guarantee the transparency and accountability of public resources management that will, is, and has been executed. A BRR-like mechanism can be an alternative national policy for COVID-19 pandemic handling, because the institutional design of the BRR model has proven to be adept in covering many aspects in disaster management, especially regarding the need to improve coordination and communication as well as transparency, accountability, and technical procedures in the field that can serve as an effective and efficient guide for each working unit.

2

If the central government has appointed the BNPB as the institution in charge of the country's COVID-19 disaster management, it is imperative to strengthen the BNPB's governance so that it can be a spokesperson to uphold the quality of public information, a coordinator to bridge the currently ineffective communication between the central and local institutions, as well as an executive and responsible body of the public resource management in handling the pandemic.

3

The central government shall design a policy on the procurement of pandemic-related goods and services and on the distribution of mechanism of medical supplies essential to health workers in an appropriate, prompt, and credible manner in order to stop potential leaks and maladministration in

said procurement and distribution. The National Public Procurement Agency (LKPP) can be main reference in the formulation of transparent and accountable procurement.

4

It is imperative that the government issues a policy based on inputs from other state institutions such as the KPK, BPK, BPKP, and LKPP on matters related to the selective prioritization of goods purchased in order to reduce the risk of purchasing unused goods.

5

The government shall accelerate the specimen sample process in all laboratories with regards to their respective quotas by issuing policies at a Minister of Health Regulation level in order to accelerate the process of identifying COVID-19 distribution.

6

The government shall issue a Standard Operating Procedure to provide information based on analysis from health experts in order to ensure that information announced to the public are scientific.

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