

CHAPTER I

INTRODUCTION

A. Background

At the end of 2019, the world was shocked by the emergence of a new virus, the first case of pneumonia found in Wuhan, Hubei Province, China. Since the first case in the Wuhan outbreak, there has been an increase in COVID-19 cases in China every day and reached its peak in late January to early February 2020 (Zangrillo et al., 2020). COVID-19 not only affects several countries, but almost all countries in the world are feeling the impact of this pandemic. The virus that has not been found vaccine until now makes many countries in the world overshadowed by the adversity. Tens of thousands of people in various countries are now exposed to COVID-19, even thousands of people are stretching their lives due to COVID-19. Since the COVID-19 news emerged at the end of December 2019, health experts began to increase preparedness, and on 30 January 2020, the World Health Organization (WHO) officially declared a 'global health emergency' and declared a global pandemic on 11 March 2020 (Elvina, 2020), after the number of COVID-19 cases increased significantly across the country. After that, other countries such as India, the Philippines, several countries in Europe, Australia, Japan, Singapore, Vietnam, and the United States reported positive cases. As of 27 March 2021, there have been 126,708,167 cases of COVID-19 in the worldwide, 102.168.785 patients recovered, and 2.779.846 deaths worldwide (World Health Organization, 2021).

As well as Indonesia and Malaysia, the cases of COVID-19 attacking both countries are also increasingly concerning. Moreover, the World Health Organization (WHO) said that three-quarters of COVID-19 outbreaks recorded 100 thousand every day occur in developing countries. The increase in the number of cases in

developing countries is particularly worrying, as many epidemic experts argue the figures are lower than reported (VOA Corporation, 2020). Although the number of infections continues to grow, governments in developing countries have no choice but to loosen restrictions, indicating that many developing countries are still not ready to deal with the COVID-19 pandemic. In Malaysia, the first case of COVID-19 was discovered on 23 January 2020 (Makarim, 2020). The virus was carried by three foreign tourists from Sabah and Selangor. Malaysia's Health Minister immediately acted by banning Malaysians from traveling to China, tightening traffic at the entrance of Malaysia, and repatriating Malaysians res in Hubei. The number of reported COVID-19 cases increased slowly in March 2020 until a religious activity in Sri Petaling, Kuala Lumpur, resulting in an exponential growth in cases. Malaysia has the greatest number of COVID-19 positive patients in Southeast Asia a few weeks following the occurrence. This has led to the emergence of new clusters so that the number of positive cases of COVID-19 in Malaysia is increasing every day. While in Indonesia the first COVID-19 case was announced on 2 March 2020 by the President of the Republic of Indonesia (Chairani, 2020). At the beginning of the spread of COVID-19 in Indonesia, the Indonesian government always assures the public that the situation in Indonesia related to the COVID-19 outbreak is fine (Almuttaqi, 2020). This is considered as a form of Indonesia's unpreparedness in dealing with COVID-19 cases. Australia, Canada, and the United States (U.S.) are not one hundred percent sure if Indonesia is ready to resolve the COVID-19. This is because the Australia, Canada, and United State think that there are not many hospitals in Indonesia that have adequate self-protection equipment, not enough isolation rooms, and lack of adequate transportation capabilities (Arbar, Tak Yakin RI Bebas Corona, AS Minta Terawan Lebih Serius, 2020).

During the current outbreak of COVID-19 cases greatly affect the order of people's lives. As the toll of COVID-19 grows every day and policies are tightened, this causes a complete impact on various sectors of life, such as tourism, economy, development health, agriculture, etc. In the health sector, positive cases reported due to COVID-19 in Indonesia continue to increase to reach a cumulative number of positive cases reaching 26,473 people on 31 May 2020 (Idhom, 2020). Of these, around 7,308 were declared get recover and 1,613 others died. Throughout May 2020, the number of positive cases of COVID-19 has soared dramatically (Amalia, 2020). From 1 until 31 May 2020, the number of positive cases reached 16,355 people (Kemenkes Corporate, 2020). This figure doubled compared to April 2020. Meanwhile, the death toll from COVID-19 also continues to rise. Cumulatively, the number of deaths during May reached 821 people. This number is up from the cumulative total in April 2020 of 656 cases and soared by more than 500 percent since the March 2020 death toll of 136 cases (CNN Corporate, 2020). The increasing number of positive cases of COVID-19 every day makes Indonesia ranked first with the highest number of COVID-19 cases in Southeast Asia. Until 25 October 2020 the number of COVID-19 cases in Indonesia reached 389,712 (Purnamasari, 2020). Meanwhile, the number of positive cases of COVID-19 in Malaysia reached 7,619 cases and a total of 115 deaths as of 27 May 2020. The surge in COVID-19 cases in Malaysia continues to grow due to a cluster of migrants detained in Sabah. The Malaysian Health Authority reported 871 new cases of COVID-19 infection as of 18 October 2020, exceeding the daily case record of the previous day, with 869 new cases daily (World Health Organization, 2020). The number of new cases daily is the highest since the coronavirus pandemic first hit Malaysia in January 2020. This number adds to the long list of confirmed positive cases of coronavirus, in which the total positive cases of COVID-

19 to 30,090 cases with 246 cases of death as of 30 October 2020 (Elengoe, 2020).

Besides, cases of COVID-19 in Indonesia and Malaysia not only threaten public health physically but also mentally. Mental health is one of the impacts that threaten the community during the COVID-19 pandemic (Ilpaj & Nurwati, 2020). Mental health disorders that occur during the pandemic are caused by people surrounded by death, poverty, anxiety, isolation, and anxiety due to the COVID-19 pandemic. So much bad news received, making people anxious about the lives of themselves, family, closest friends, and even the surrounding environment.

The increasing number of positive cases of COVID-19 every day makes Indonesia and Malaysia overwhelmed and experiencing an alarming situation in tackling COVID-19. Although considered not quite ready in the face of the spread of COVID-19, but the Governments of Indonesia and Malaysia are doing their best to get out of the downturn by making various policies, one of the policies taken by the Indonesian government is to establish a Large-Scale Social Restriction or PSBB policy, while the Malaysian government itself makes the Movement Control Order or MCO policy. Based on this description, this research will focus on discussing what steps or policies the two countries are taking in addressing the growing health crisis, what the impacts are, and what can be learned from these two countries. In addition, the author chose Indonesia and Malaysia as a case study because Indonesia and Malaysia have similarities in several respects. Also, the author wants to know more about which policies are more effective, what are the examples of each country, and what efforts can be made to reduce the death rate, economic crisis, etc. and also the author wants to give an overview of the covid-19 that is happening in each country.

B. Research Question

Based on the background above, the following research questions were formulated: What are the factors that make Indonesia and Malaysia were not able to tack able COVID-19 pandemic?

C. Theoretical Framework

In order to answer the research question and analyze the case study of this research, thus the writer will use the concept State Capacity.

The purpose of this paper is to see if state capacity is a measurement-valid indicator of governance. State capacity is defined as the state's ability to dominate and lead development for the benefit of its citizens, drawing on the work of state-centered structuralists, rational choice-inspired theorists, and studies of the relationship between state and extractive capacity (Chuaire, Scartascini, & Tommasi, 2014).

State capacity is an important thing in political science, probably most notably in the literature on good governance and government quality. According to Claudiu Craciun, state capacity is the state's ability to focus on its existing capabilities to make and implement the various decisions it has made. These decisions are compiled jointly by the executive and legislature and must be real and their implementation in the public field must be felt. The concept of State Capacity is crucial in the midst of a country that is currently experiencing the development of the phenomenon of social conflict, state failure, and state weakness. The problem of conceptualizing governance as a whole, which encompasses all elements of political authority, is enormous. Breaking governance down into its essential pieces, the establishing and enforcing of rules, is one way to go about it.

State capacity is a complex matter with very broad aspects, such as bureaucratic or administrative capacity, military power, public health, and the quality and

coherence of political institutions. In this research, the author will use 2 aspects of state capacity, bureaucratic aspects and public health aspects. The bureaucratic aspect emphasizes the capacity of the bureaucracy and administration which is in line with the literature on political development, according to this, the state's capability is defined by the professionalization of the state bureaucracy (Hendrix, 2010). Weber (1919-1958) was a German philosopher who lived from 1909 to 1958. 'Politics as a profession' defines the state not only by its monopoly on the legitimate use of force, but also by its investment of that monopoly in a legal-rational authority structure organized in a bureaucratic style. This bureaucracy must be able to create and transmit information while failure to address of parish influence in hiring and development. Furthermore, the quality of the government bureaucracy, rather than the number of its military, may determine the bureaucracy's propensity for revolt. There is wide agreement that countries with more effective bureaucracies have smaller civil conflicts; the fundamental question is to what extent proxy measures of theoretical conceptions are useful in distinguishing between conflicting causal mechanisms (Hendrix, 2010).

The problem of government capabilities, or state capacity in general, is complicated, and it has sparked significant analytical, measurement, and evaluation initiatives, as well as active methodological arguments. In studies of economic development, the concept of "state capacity" is particularly important, and its presence or absence has been linked to development triumphs and failures. Complex policies are difficult to implement in countries with limited state capacities. This condition effectively lowers the policy options available to governments, making it more vulnerable to both internal and external shocks. With strong state capacities, the country may be able to choose from a larger menu of

policies and successfully implement those that best suit the nature of their difficulties (Pereira & Ana Karine, 2018).

State capacity, the “degree of control that state agents exercise over persons, activities, and resources within their government’s territorial jurisdiction” (Caplan, 2018), is critical for the performance of a political system. High capacity states can provide public goods such as human security, medical and health care, and the social and physical infrastructure that promote human development. Low capacity states are limited in their ability to provide these goods, leading to low social trust, low development levels, regime, or even state failure (Nistotskaya & Cingolani, 2016). For democracy to be consolidated and successful over time a high capacity state is critical.

Then, according to Thomas Homer-Dixon, an expert on environmental security, state capacity is defined as "government at all levels of power and/or capability to maximize its prosperity and stability, exert de facto control over its territory, protect its population from predation, and adapt to diverse crises". In a definition, state capacity refers to a government's ability to safeguard its citizens from the effects of a problem. The emerging issue of public health equality in disaster management is quickly gaining traction, and it is linked to state capacity. Greater international awareness of successes in preserving local and national health capacity from crises has resulted in a better understanding of what would be required in establishing a global health investment for disaster recovery in the case of a pandemic caused by COVID-19. For the first time, globalization of public health has leveled the "health expectations" playing field. Even yet, a nation-state may require more outside assistance during a crisis response to meet global health standards (Burkle & Jr, 2020).

The importance of public health concerns is evident in developing countries, where public health infrastructure has vanished or is steadily deteriorating. In the modern era,

there must be, potentially, a need to address unrehabilitated and outmoded public health infrastructure, such as levee systems. Yet, all too frequently, it takes a major crisis to bring to attention the areas that need to be prioritized for infrastructure maintenance. Capacity of the state should be quantified. These indicators can be linked to other variables (e.g., population, resource scarcity, health, technology, public health infrastructural investments, and environmental degradation). The ability of a state to manage disasters can be assessed by determining vulnerability, or the potential for injury or loss, as well as resilience, or the speed with which it can repair and replace what has been lost or damaged. In turn, a nation's ability to meet its most basic demands is determined by its measurable level of state capacity: survival, protection of its population from physical damage, economic prosperity and stability, effective governance, territorial integrity, power protection, and ideological projection (Price-Smith, 2002). State capacity can be partial (regionally within a state) or complete (national).

A state's ability to handle an infectious disease outbreak, according to Andrew Price-Smith, is a sensitive indicator of capacity. Epidemic investigation and control necessitate a complex lateral decision-making and resource coordination system, which is intrinsically linked to effective governance, proper funding, accountability, transparency, and resource management. Countries with low governance and little state capability have been unable to stop the spread of the disease and alleviate the economic and political consequences. Furthermore, population health (as measured by life expectancy and infant mortality rates) and state capacity have a substantial positive relationship. Price-Smith demonstrated that public health is a "major driver" of state capacity in a forty-year study of twenty countries, and that significant declines in population health will result in significant declines in capacity over time, causing a "reciprocal spiral dynamic"

between public health and state capacity. The current COVID-19 outbreak is presenting an increasing threat to practically all sectors, including international development, governance, and state capacity, while also contributing to the decline in reserve "carrying capacity." A nation-adaptive state's capacity for emergency response is influenced by a number of factors (Burkle & Jr, 2020):

- The scale of adaptive resources that can be mobilized during times of crisis is determined by the initial level of state capability;
- States with more initial capability have more technological, financial, and social resources available to adjust to crises;
- State adaptation is affected by exogenous inputs of capital, social and technical ingenuity, courtesy of actors such as international organizations and outside military assistance;
- State capacity to adapt may be compromised by certain outcomes generated by intervening variables such as war, famine, and ecological destruction (e.g., deforestation, overuse of agricultural land).

Value systems and political will also influence state capability. High emergency response funding is associated with high levels of state capacity in nation-states. The least developed civilizations in the developing world are at the greatest risk from the global spread of infectious illnesses due to poor beginning levels of state capacity. As a result, infectious disease prevention and outbreak containment have become sensitive indicators of a country's capacity. High levels of illness prevalence and their impact on state capacity can easily be extrapolated to other vulnerabilities, such as large-scale natural catastrophes. The state of workforce health is another state capacity indicator impacted by globalization. The brain drains of health care workers from less affluent countries and regions to more affluent areas depletes human resources from countries

with the greatest health needs. Lincoln Chen, a distinguished professional of international public health and development at Harvard, suggests that analysis of the global health workforce is critical to the mobilization and strengthening of human resources and central to "combating health crises" in poorer nations. He proposes that effective strategies should be a "shared responsibility" backed by "international reinforcement". Moreover, modern-day wars, often characterized by intimidating threats to civilians and assassinations of intellectuals and professionals, may lead to a rapid decline in workforce capacity in developed cultures.

D. Hypothesis

Based on the background and the concept of State Capacity already mention above, the author has a hypothesis to prove, which is: Indonesia and Malaysia are the state with the relatively low weak capacities in dealing with pandemics of COVID-19. This is evidenced by several factors, such as the increasing number of positive cases of COVID-19 every day, the increase in the death rate due to COVID-19, the increase in unemployment, the weakening of the economy to cause commodity prices to peak. Even though Indonesia and Malaysia are countries with relatively low weak capacities, both countries are trying to reduce the death rate due to the COVID-19 pandemic and are trying to get up to return their countries to their original conditions.

E. Scope of Research

The scope of research for this proposal thesis is limited in the year 2021 since the coronavirus has just started at the end of 2019. The study will focus on the impact of COVID-19 on health in Indonesia and Malaysia, the Capacity of Indonesia and Malaysia to tackling the spread of COVID-19, also the policy responses of the Indonesian and Malaysian governments in reducing the number of COVID-19 cases.

F. Research Methodology

The research defines as a problem consideration solving through a scientific approach. Creswell defines research methodology into two categories which are qualitative and quantitative (Creswell, 2014). The qualitative method is analyzing data through sentences while the quantitative method through numeric canalization. In this research, the writer decided to use qualitative method to examine the policies taken by the Indonesian and Malaysian governments to reduce COVID-19 cases.

In "Qualitative Research Design" book by Maxwell, He defines five purposes in qualitative research which are (Maxwell, 1941): 1) To comprehend between the actors and situation or events of the research, 2) To comprehend the influence between the context and actors actions, 3) Identifying the unpredictable phenomena and its influences, 4) To comprehend the process of events or the actions, 5) Developing common explanations.

There are many research methods, they are histories method, descriptive method, correlation method, experimental method, and queasy method. In this research, the author uses the descriptive method. Descriptive method is a type of research that describes a population, situation, or phenomenon that is being studied, and according to Sugiyono (2005), the descriptive method is a method that is used to describe or analyze research results but is not used to make broader.

The types of data in research are separated into two which are primary and secondary (ACAPS, 2012). Primary data is a data accumulation gathered from the original sources that have never been assessed before which is usually collected directly through the interview in the work field. While Secondary data is data accumulation generated by previous researchers and could be found in publish reach, media reports, and the internet. In this research, the author will use secondary data related to COVID-19 and policies taken to reduce the number of cases caused by

COVID-19 with the technique of word writing used in this study is through library research, by collecting, studying, and analyzing the data or materials obtained from books, scientific papers, journals, magazines, newspapers, and the internet as well as other materials that are in accordance with the topics being researched. Also, the research is explanatory research which is to explain the facts and data that exist objectively and explain the relationship between variables based on the theory and fact that used as analysis materials that are then interpreted in such a way that came to the conclusion.

G. Thesis Structure

The writing system of this research consists of the framework of clear outline from three chapters, the following are the description of outline.

CHAPTER 1 describes the background, research question relevant to the background, theoretical framework, research argument, research scope, research methodology, and writing system.

CHAPTER 2 explains about COVID-19 and the impact on global health, the impact of COVID-19 on health in Malaysia and Indonesia, and how the Indonesian and Malaysian government policies in reducing cases due to COVID-19.

CHAPTER 3 The Conclusion and Suggestions.