

Management Impact Analysis of Governance in Handling the Covid 19 Pandemic in Indonesia and Japan

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ABSTRACT

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2) which is still a pandemic worldwide. The purpose of this study is to analyze the management of the impact analysis of the governance of handling the Covid 19 pandemic in Indonesia and Japan. This study uses a qualitative descriptive approach, which aims to provide an in-depth description of the policies and strategies implemented by the Indonesian and Japanese governments in handling the COVID-19 pandemic. This study shows that the policies and regulations implemented by the Indonesian and Japanese governments in handling the COVID-19 pandemic have different characteristics and effectiveness, adjusted to the social, economic, and health system conditions of each country. Evaluation of the pandemic handling strategy reveals that preventive measures, emergency responses, and economic and social recovery policies in both countries have their own advantages and challenges.

INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2) which is still a pandemic worldwide. The World Health Organization (WHO) through a press conference designated COVID-19 as a Public Health Emergency of International Concern (PHEIC). On March 11, 2020, COVID-19 was designated as a global pandemic where at that time cases jumped quite high. COVID-19 cases are more than 118,000 cases in 114 countries with 4291 deaths (WHO, 2020).

Presidential Decree No. 12 of 2020 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (COVID-19) as a National Disaster. Presidential Decree No. 11 of 2020 concerning the Determination of a Public Health Emergency for Corona Virus Disease 2019 (COVID-19). The government has also made various efforts to handle and prevent Covid-19, such as Large-Scale Social Restrictions (PSBB), Implementation of Community Activity Restrictions (PPKM), as well as testing, tracing, treatment, and social assistance efforts. However, there are shortcomings in the implementation of PCR tests which are the main tool in detecting Covid-19. The cost of PCR tests is initially very expensive because it depends on the import of raw materials, disposable tools and raw materials, as well as a lack of regulations related to taxes and subsidies. After public criticism, the government intervened in the standard cost of PCR tests, although there are still problems with unstable rates. The involvement of some state officials in the PCR test service business is a concern because it has the potential to create conflicts of interest, rent seeking, and nepotism. Although some officials argue that this venture is a form of philanthropy, doubts remain. Moreover, to date no audits have been conducted regarding the PCR business related to these officials. Although there is no prohibition for state officials to own businesses, involvement in businesses related to their political positions has the potential to create conflicts of interest, which should be avoided in accordance with applicable rules. Especially when there is an obligation for people to take a PCR test when traveling by air, the overlap between business and politics is increasingly apparent (Djumadin & Wahyudi, 2023).

The large geographical structure and high mobility make it very possible for some people who work or study in infected areas to return to their home areas. RT-PCR is only carried out at government health facilities. The distance from home far from health facilities allows people to be reluctant to check if there are symptoms, especially in remote areas. This makes controlling the spread of Covid-19 very risky (Erlansari et al., 2021).

Japan is a country located on the eastern Asian continent. Similar to Indonesia, Japan is an archipelago with several large islands, including the islands of Hokkaido, Honshu, Shikoku, Kyushuu and about four thousand other small islands. Neighboring countries with Japan include Russia in the northern part of Japan, Korea and China in the southern part of Japan. Almost 75% of Japan is filled with plateaus and mountains, and in the middle of the island of Honshu there is Mount Fuji. (Statistical Handbook of Japan 2019).

The spread of COVID-19 is almost to all parts of the world. One of the countries that has not escaped the spread of the Corona virus is Indonesia. Actually, the spread of the Corona virus in Indonesia can be said to be quite late compared to other countries. When COVID-19 has spread to various countries around the world since January 2020. In Indonesia, in the January-February period, not a single case of COVID-19 was detected at the national level. This had raised many questions from many parties, such as the Australian Government and researchers from Harvard University. They argued that Indonesia was not able to accurately detect people exposed to the Corona virus (Candrawati, 2021).

After COVID-19 was announced, its impact on the global household and political economy began to attract attention once again. In cases where the pandemic had previously spread among humans by certain intermediaries or sensitive entities, Covid 19 has a distinctive inter-human coordinate of the virus (Arnie & Dompok, 2020). Public health problems in international relations are increasingly risky. Threats of transmission and security arise, so that each country's foreign policy is increasingly anticipatory, especially by continuing to pay attention to aspects closely related to health security. Multilateralism, which has long been intertwined, is beginning to weaken due to nationalist and populist currents in the societies of each country. The world's population that has been fully connected through the internet also often receives biased information, so distrust of institutions, authorities, and even international elites begins to be evident. Information about Covid-19, ranging from prevention and treatment, status updates, actions and policies of national and international authorities, disease information, and conspiracies continue to emerge and fuel skepticism about existing multilateralism (Delanova & Yani, 2021).

The impact of this pandemic affects all age groups with the highest mortality rate of 95% in the elderly group (elderly) with an age range of 60 years or more. In various countries, the number of vulnerable elderly people who died from COVID-19 varied, including Malaysia with 6.2%, Brazil with around 85%, Italy with 95%, Spain with 95% and China with 80% (Liu et al., 2020), while in Indonesia the number of elderly people who died reached 14.67% (Atulo & Ayubi, 2022).

Table 1. Mortality Rate of Countries in the Asian Continent in 2020 In the top 20 countries

Yes	Country	Total Deaths
1	India	148.195
2	Indonesia	72.713
3	Iran	55.223
4	Turkey	44.059
5	Iraq	36.541
6	Philippines	33.449
7	Pakistan	28.269
8	Bangladesh	27.056
9	Afghanistan	24.054
10	Yemen	21.939
11	Vietnam	16.110

12	Thailand	12.973
13	Sri Lanka	12.964
14	Myanmar	11.619
15	Kazakhstan	10.782
16	Uzbekistan	9.474
17	Malaysia	8.630
18	South Korea	7.244
19	Japan	6.757
20	Taiwan	6.454

Source from the World Health Organization (WHO)

Cases of the spread of Covid-19 infection occur very quickly. Indonesia has made many efforts and policies to limit and break the chain of the spread of the Covid-19 virus carried out by the government, such as limiting activities outside the home, school activities, work and worship to be laid off. Restrictions to reduce the number of active cases have an impact on the economic sector in Indonesia. The implementation of the restrictions has caused many roads to be blocked and the reduction of operating hours of markets and other business places, so that economic activities are hampered. Many workers are laid off because offices or companies do not operate due to restrictions imposed by the government (Baso, 2022)

In order to deal with COVID-19 in the country, the Government of Indonesia immediately issued a series of policies. Several policies were issued, such as appointing 100 referral hospitals for COVID-19 and the establishment of a Task Force for the Acceleration of COVID-19 Handling on March 13, 2020. The establishment of this task force is based on Presidential Decree (Keppres) No. 7 of 2020, which was later updated through Presidential Decree No. 9 of 2020. Another equally important policy of the Government of Indonesia is Presidential Instruction No. 4 of 2020, which specifically instructs that development activities, government budgets, procurement of goods, and services be aimed at handling COVID-19. This directive from the President is then followed up with policies at the Ministerial level. However, the policies issued by the Government of Indonesia have not been effective enough to deal with COVID-19 (Candrawati, 2021).

Japan does not have the lowest death rate due to COVID 19 in the region, South Korea, Hong Kong, and Taiwan all boast lower death rates. But in 2020, Japan recorded fewer deaths than average. This is despite the fact that in April 2020, Tokyo recorded about 1,000 of these deaths possibly due to COVID. However, for this as a whole it is possible that the number of deaths is expected to be lower than in 2019.

In Japan itself, based on data conducted by WHO on COVID-19 pandemic cases on March 25, 2020, Japan currently has an outbreak cluster, with nearly 1,200 COVID cases and 43 deaths that have been confirmed. Japan, which is one of the cleanest countries in the world, does not allow many victims to have been infected with this deadly virus. Not only maintaining personal hygiene, but also maintaining personal safety is also very important. Japan is one of the countries closest to the starting point of the spread of COVID-19, but the rate of spread of the virus in Japan is low. The Japanese government's strategy moves quickly with

the principle of three main pillars, namely (1) early detection and rapid response to new clusters; (2) improving intensive care, securing medical service systems, and medical equipment for seriously ill patients; (3) change people's behavior by implementing the 3Cs (closed spaces, crowded spaces, closed contact), or staying at home (Firdausi, 2020).

Previous research conducted by Al Farabi Firdaus, (2021) EU-Japan Partnership in Facing the Covid-19 Pandemic (Analysis of Cooperation in the Health, Economic and Social Sectors), the findings of this study are that the European Union and Japan cooperate in the health, economic and social sectors with the aim of mitigating the impact caused by the COVID-19 pandemic in the three sectors. The provisional conclusion of the study is that cooperation between the European Union and Japan in the health, economic and social sectors can help overcome the impact of the COVID-19 pandemic. Given the ongoing condition of the COVID-19 pandemic, further study is needed on cooperation between the European Union and Japan in tackling the COVID-19 pandemic.

This study discusses a comparison of the governance of handling the COVID-19 pandemic in Indonesia and Japan, focusing on policies, strategies, and effectiveness in controlling the spread of the virus and reducing socio-economic impacts.

So from the above description, the researcher concludes that the health system and infrastructure of the Japanese community are more established while in Indonesia it is limited, especially in the regions. For the behavior of the people themselves, in Japan in general there is a high level of discipline, for example using masks and following health protocols, while in Indonesia the level of discipline varies more depending on the region and the level of understanding of the community.

Based on the description above, it encourages researchers to conduct research with the title "Comparison of Governance in Handling the Covid 19 Pandemic in Indonesia and Japan".

LITERARY WATCHTOWER

Research Paradigm

The research paradigm in this study is oriented towards a comparative approach of public policies in dealing with the COVID-19 pandemic in Indonesia and Japan. This research uses a positivism paradigm, which emphasizes on empirical data collection and objective analysis to compare the effectiveness of pandemic governance in both countries.

Governance for Handling the Covid 19 Pandemic

As a pandemic, many things are not understood about COVID-19. Not only from medical aspects such as: the structure of the virus, its spread mechanism, how to treat it, how to prevent its spread, efforts to develop vaccines to ward off this virus, and others, but there are many non-medical dimensions that need to be studied. Academics say that the form of policy steps that can be made centralized is the procurement of medical equipment to avoid parties who take advantage (moral hazard) at the regional level, while related to policy decentralization can be carried out in the implementation of COVID-19 tests with

the consideration that the regions have more complete and accurate citizen data or information than the central government. However, in practice, the role of the central and regional regions does not run completely smoothly. In Italy, where the regions are autonomous, it turns out to cause weaknesses in efforts to handle COVID-19. Italian Prime Minister Giuseppe Conte even threatened to revoke the power of autonomous regions because of their failure to deal with national emergencies (Santoso, 2020)

Especially in Indonesia itself, the government has issued a disaster emergency status starting from February 29, 2020. (Wibawa & Putri, 2021) In order to follow up on the Covid-19 outbreak, the steps taken by the government in efforts to handle Covid-19 are currently in accordance with the president's directive and a joint ministerial decision that has been decided to update the policy, namely related to the health protocol for foreign travelers (PPLN). (Nurfurqon, 2020) As stated in the task force circular letter No. 12 of 2022 and the task force circular letter No. 13 of 2022 concerning the policy of not enforcing quarantine obligations for foreign travelers (PPLN) covering the Batam, Bintan and Bali areas which were then expanded to all corners of the country (Subagyo et al., 2022).

The Concept of Governance in Fundamentals

The concept of governance is fundamentally a concept of governance that has developed in the modern era. This concept was born as a criticism of the condition of government that does not run effectively and the dominance of state power that is too strong in public services. The concept of governance represents a change in the role of the government that begins to involve other actors to create good governance. If the government paradigm focuses on a set of institutions, the governance perspective differently describes the process by which public policy develops as the most central aspect of governing. The presence of governance has an impact on changes in state and community relations and the presence of third parties in public services (Izana et al., 2022).

Government of Indonesia Policy

The policies made by the government in handling Covid-19 are Large-Scale Social Restrictions (PSBB), Lockdown, and the new normal. The success of the policies made by the government is determined by community participation. Community participation in implementing the policies made by the government is a very important aspect. Because many of the countries with high participation have resulted in a decrease in Covid-19 patients (Fitria & Saragih, 2022).

Japanese Government Policy

The existence of Japan is as one of the developed countries, because Japan has many factors that support them as one of the developed countries in the world such as technology, economy, social, education, and others. Japan itself also has a characteristic that is not easy to give up and has been recognized by the world. The progress of Japan itself has been seen when its economic development and growth can compete with China and the United States which have been known as Super Power countries. In addition, regulatively the government has issued various regulations both at the central and regional levels, with the aim of minimizing the spread of Covid-19. The Japanese government's decisions tend to be more consistent, transparent, and integrated

both at the national and regional levels. The Japanese government also issued a state of emergency but did not impose a total lockdown, as well as limiting international travel and imposing self-quarantine. The culture of Japanese society that values discipline and collective responsibility without strict supervision. (Pierre, J& Peters 2000).

Covid 19

Coronavirus disease 2019 or Covid-19 is a disease caused by the coronavirus. 'CO' is taken from corona, 'VI' virus, and 'D' disease (disease). Before being called Covid-19, this disease was called 2019 novel coronavirus or 2019-nCoV. This virus is part of the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and several types of common cold viruses (UNICEF, 2020).

According to the Indonesian Ministry of Health (2020), Covid-19 is a large family of viruses that can cause respiratory infections ranging from mild, moderate to severe symptoms. This disease is zoonotic or transmitted between animals and humans. This virus was first discovered in Wuhan City, China in November 2019 The coronavirus can spread quickly and cause a global outbreak of Pneumonia. Covid-19 has been designated as a global pandemic by the WHO since March 12, 2020.

RESEARCH METHODS

This study uses a qualitative descriptive approach with a comparative study method to analyze differences and similarities in policies to handle the COVID-19 pandemic in Indonesia and Japan. The main focus of this study covers several aspects, such as government policies, health system effectiveness, community compliance with health protocols, and social and economic impacts due to policies implemented in both countries. Using a comparative study, this study seeks to understand how differences in government and cultural systems in Indonesia and Japan affect the success of pandemic management strategies.

The data in this study was collected through two main approaches, namely primary data and secondary data. Primary data was obtained through in-depth interviews with resource persons who had direct involvement in handling the pandemic, including government officials, health workers, academics, business people, and the general public who were affected. Interviews were conducted using purposive sampling techniques, where respondents were selected based on their relevance to the research topic.

Meanwhile, secondary data is obtained from various credible sources, such as official government reports, academic journals, documents from international organizations (WHO, UNICEF, and IMF), as well as reports from research institutions and mass media. This data is used to provide a broader context of policies implemented in both countries and their impact on a national and global scale.

The data analysis in this study was carried out through the **Comparative Qualitative** with the following stages:

1. **Data Reduction** : The data that has been collected is selected and filtered to ensure relevance to the research objectives.
2. **Data Presentation** : Data is presented in the form of a descriptive narrative and a comparison table describing the policies and impact of the pandemic in Indonesia and Japan.
3. **Thematic Analysis** : Identify the main themes in the policies of the two countries, such as the effectiveness of vaccinations, mobility restrictions, economic stimulus policies, and pandemic impact mitigation strategies.
4. **Evaluation of Policy Effectiveness**: The evaluation is conducted based on indicators that include **the level of community compliance with policies, economic stability during the pandemic, and the capacity of the health system to handle COVID-19 patients.**

To ensure the validity of the data, this study uses the source triangulation technique, which is comparing the information obtained from interviews with secondary data to obtain more accurate and objective conclusions. In addition, the validity of the data is strengthened by confirming the findings to the main sources to ensure that the interpretation of the data is in accordance with the facts in the field.

With this approach, this study is expected to provide in-depth insights into the factors that contribute to the success or failure of handling the pandemic in each country. In addition, the results of the research can be the basis for formulating more effective policy recommendations to deal with future health crises.

RESULTS

COVID-19 Handling Policies and Strategies

The Government of Indonesia implemented Large-Scale Social Restrictions (PSBB) and then the Enforcement of Community Activity Restrictions (PPKM) to control the spread of COVID-19. The PSBB was implemented at the beginning of the pandemic in 2020 by restricting mobility, closing public places, and limiting transportation capacity and social activities. However, the effectiveness of the PSBB was disrupted by a lack of coordination between the central and regional governments and public non-compliance due to economic factors. Along with the development of the pandemic and the emergence of new variants, the PSBB was replaced by PPKM which implemented a level-based system (1-4) according to the severity of cases in each region. PPKM is more flexible than PSBB, but it still faces challenges in implementation, such as economic impacts on MSMEs and unclear policy communication.

Meanwhile, Japan implemented a state of emergency in response to the pandemic, but did not implement a strict lockdown like in Indonesia. The Japanese government relies more on public awareness and voluntary recommendations to reduce mobility and social interaction. This approach reflects the disciplined culture of Japanese society which tends to obey the government's recommendations despite the absence of strict legal sanctions. The main difference in the two countries' strategies lies in the rule-enforcement mechanisms – Indonesia relies on strict regulations and restrictions, while Japan emphasizes a voluntary participation-based approach with high community support.

Health System

Indonesia's health system has been under severe pressure during the COVID-19 pandemic due to limited infrastructure, inequitable distribution of resources, and shortages of medical personnel in some areas. The surge in cases has caused hospitals in major cities such as Jakarta, Surabaya, and Bandung to experience overcapacity, with insufficient isolation rooms and ICU beds. Demand for medical oxygen has soared, while many patients have had to be diverted to other health facilities that are also full. Medical workers are working long shifts at high risk of exposure to the virus, while the limited personal protective equipment (PPE) at the beginning of the pandemic has further worsened the situation. The government's efforts to increase medical personnel and build emergency hospitals have helped reduce the burden, but they are often lagging behind with the rapid rate of transmission of the virus.

On the other hand, Japan has a better-equipped healthcare system with better infrastructure and larger hospital capacity. However, the country still faces challenges when dealing with surge in cases, especially in major cities like Tokyo. Although Japan's healthcare system is more structured, the surge in patients at the height of the pandemic caused pressure on medical facilities, particularly in providing ICU beds. The main difference between the two countries lies in the readiness of the health system in responding to crises, where Japan is superior in the distribution of resources and infrastructure readiness, while Indonesia faces challenges in equitable distribution of health services, especially in remote areas.

Community Response

Indonesia's response to the COVID-19 pandemic response to the COVID-19 pandemic varies, influenced by economic, social, and understanding factors of health risks. Most people who have access to accurate information and stable economic conditions show high adherence to health protocols, such as wearing masks and maintaining distance. However, many informal sector workers still have to work outside the home for survival, despite being aware of the risk of transmission. The uneven distribution of social assistance is also a factor that makes it difficult for some people to comply with restrictions on activities. In addition, in some areas, there is still a perception that COVID-19 is not a serious threat, which leads to low compliance with health protocols and vaccinations.

On the other hand, Japanese people are generally more disciplined in following government recommendations, thanks to a strong collective culture and awareness of social responsibility. In the absence of strict sanctions like in Indonesia, Japanese people continue to comply with the recommendations for mobility restrictions and the voluntary use of masks. However, there is criticism of government policies, especially related to the lack of transparency in risk communication and the slow response in handling the surge in cases. This difference shows that in addition to effective policies, people's compliance levels are greatly influenced by cultural factors, government communication systems, and economic support provided during the pandemic.

Economic Impact

The COVID-19 pandemic has had a major impact on the Indonesian economy, causing an increase in unemployment and a decline in economic growth. Social restrictions and lockdown policies have made many businesses reduce operations or even close their businesses, resulting in many workers losing their livelihoods. The informal sector and MSMEs, which are the backbone of the economy, have suffered the most blows due to declining people's purchasing power and limited mobility. Lack of access to capital and difficulties in adapting to digital technology have made it difficult for many small businesses to survive. Meanwhile, the tourism and manufacturing sectors have also been hit by travel restrictions and disruptions to global supply chains, causing a significant economic contraction.

The Indonesian government seeks to address economic impacts with various stimuli, such as social assistance, fiscal incentives, and national economic recovery programs. However, the implementation of these policies faces challenges, including slow aid distribution and uneven distribution. In contrast, Japan is also experiencing a recession due to the pandemic, but with the support of large economic stimulus packages and more effective distribution systems, negative impacts on businesses and households can be better controlled. These differences demonstrate the importance of rapid and coordinated economic policies in dealing with crises, as well as the need to invest in economic sector resilience, especially for small and medium-sized enterprises to be more adaptive in the face of global challenges.

DISCUSSION

Policy Comparison

COVID-19 handling policies in Indonesia and Japan reflect differences in government approaches and capacities, which are influenced by various factors such as political systems, culture, and the availability of resources. In Indonesia, pandemic handling policies are more reactive and often face coordination challenges between the central and local governments. The Indonesian government implements policies such as Large-Scale Social Restrictions (PSBB) and the Enforcement of Community Activity Restrictions (PPKM) to limit mobility and social interaction. However, the implementation of these policies is often inconsistent and faces obstacles in enforcing rules, especially due to

economic and social factors that make it difficult for some people to comply with strict restrictions (Muslih, 2020). On the other hand, Japan takes a more structured and recommendation-based approach rather than coercion. The Japanese government relies on public awareness and a deep-rooted culture of discipline to reduce the spread of the virus. Instead of implementing strict lockdowns.

The difference in government capacity is also evident in terms of health systems and supporting infrastructure. Japan has a better health system with adequate medical facilities and trained health workers. Testing and tracing capacity in Japan is also better, allowing for faster identification and isolation of cases. Meanwhile, Indonesia faces limitations in hospital capacity, the availability of medical equipment, and the uneven distribution of medical personnel. This causes great pressure on the national health system, especially during the peak of the pandemic (Lestyoningsih, 2021).

Overall, the differences in approach and government capacity between Indonesia and Japan in handling the COVID-19 pandemic show that there is no one-size-fits-all solution. Each country must adapt policies to its social, cultural, and capacity contexts. However, lessons learned from the experiences of these two countries can serve as a source of reflection to improve preparedness and response in the face of future health crises. International collaboration and knowledge exchange are also key to strengthening global resilience in the face of pandemics. Indonesia tends to be more reactive and less coordinated, while Japan is more proactive and structured (Mandalle & Anwar, 2024). However, both countries face challenges in balancing public health and economic impact.

Health System

The difference in health system capacity between Indonesia and Japan is striking, especially in terms of infrastructure readiness and resource availability. Japan, as a developed country with an established health system, has well-equipped and well-distributed medical facilities. Hospitals in Japan are equipped with advanced medical equipment, adequate isolation rooms, and sufficient ICU capacity to handle large numbers of patients. In addition, Japan has well-trained medical personnel who are ready to deal with emergency situations, supported by a high-quality education and training system. Rapid and efficient testing and tracing capacity is also an advantage for Japan, allowing for early identification of COVID-19 cases and more coordinated handling (Nur et al., 2023).

Meanwhile, Indonesia faces major challenges in terms of health system capacity. Uneven health infrastructure between urban and rural areas is a major problem. Many hospitals, especially in remote areas, lack basic facilities such as ICU beds, ventilators, and medical oxygen supplies. When the pandemic hit, hospitals in major cities such as Jakarta and Surabaya were immediately overwhelmed to handle the surge in patients, while health facilities in other areas did not have adequate capacity to provide support. These limitations were

exacerbated by a lack of trained medical personnel and uneven distribution, where most health workers were concentrated in major cities (Suciati et al., 2023).

Limited resources and inadequate infrastructure in Indonesia also have an impact on the response to the pandemic. Limited testing capacity makes case identification slow, while suboptimal tracing makes virus transmission difficult to control. In addition, the lack of preparedness in dealing with a surge in cases makes many hospitals have to reject patients or transfer them to other health facilities that are also full (Yusri, 2020).

The difference in health system capacity between Indonesia and Japan shows the importance of long-term investment in strengthening health infrastructure and resources. Indonesia needs to learn from Japan's experience in building a resilient health system that is ready to face crises. Increasing health budgets, training of medical personnel, and equitable infrastructure development are important steps to ensure that the national health system can respond more effectively to pandemics or other health crises in the future.

Community Response

Cultural and social factors play an important role in people's responses to the COVID-19 pandemic, both in Indonesia and in other countries. The culture and values embraced by a society often determine the extent to which they comply with health protocols and policies set by the government. In Japan, for example, a culture of discipline and high collective awareness make people tend to be more compliant with government recommendations, such as wearing masks, maintaining distance, and avoiding crowds (Subagyo et al., 2022). Japanese society also has a tradition of respecting rules and common interests, which helps in controlling the spread of the virus without the need for strict lockdowns.

In Indonesia, cultural and social factors also influence people's responses, but in different ways. Indonesian society is known for its strong values of kinship and togetherness, which are often manifested in the form of social and religious activities. However, this has been a challenge during the pandemic, as many activities such as social gatherings, large family gatherings, or religious events are difficult to avoid despite social restrictions. These traditions and customs are often considered more important than the risk of virus transmission, especially in areas with lower levels of health awareness (Rizkiyanti & Rosyida, 2023).

In addition, economic factors also play a role in shaping the community's response. Many Indonesians, especially those who work in the informal sector, feel forced to violate health protocols due to the demands of meeting daily needs. For them, loss of income due to activity restrictions is considered more threatening than the risk of being exposed to the virus. This shows that people's responses are not only influenced by culture, but also by the socio-economic conditions behind them.

The role of community leaders and religious leaders is also very important in shaping community responses. In some areas, the support of these figures can increase compliance with health protocols, while in other areas, their lack of involvement makes people tend to ignore the rules. For example, when religious leaders support vaccination programs or appeal to their congregations to comply with health protocols, the community's response tends to be more positive (Rini, 2022).

However, the biggest challenge is to change the behavior of people who are already entrenched. Although the government and various parties continue to socialize and educate, behavior change requires time and a sustainable approach. More inclusive and empathetic efforts are needed, such as engaging community leaders, using easily accessible media, and providing economic support for those most affected (Arnie & Dompok, 2020).

Overall, cultural and social factors play a key role in determining the extent to which people respond to the pandemic. A deep understanding of people's social values and conditions is key to designing effective health policies and campaigns. By considering these factors, the government and related parties can better engage with the pandemic and reduce its impact. A more disciplined and rule-abiding Japanese society helps in controlling the spread of the virus, while in Indonesia, economic and social factors are often an obstacle to the implementation of health protocols.

Economic Impact

The economic impact of the COVID-19 pandemic is felt more heavily in Indonesia compared to Japan, due to differences in economic structure, fiscal capacity, and the level of resilience of productive sectors between the two countries. As a developing country with a high dependence on the informal sector and Micro, Small, and Medium Enterprises (MSMEs), Indonesia is more vulnerable to economic shocks caused by social restrictions and a decline in business activities. The informal sector, which includes street vendors, online motorcycle taxi drivers, and day laborers, is the most affected as they rely heavily on mobility and direct interaction with customers. When restrictions are implemented, many of them lose income significantly, while access to social assistance or economic stimulus is often limited (Atulo & Ayubi, 2022).

On the other hand, Japan, as a developed country with a more diversified economy and a stronger social protection system, is better able to withstand the economic impact of the pandemic. Although Japan is also experiencing an economic recession, its government has a greater fiscal capacity to provide economic stimulus on a large scale. The assistance package provided by the Japanese government includes direct support to households, businesses, and strategic sectors, which helps reduce the negative impact on the economy. In addition, Japan's established industrial and technology sectors are able to adapt more quickly to pandemic conditions, for example by increasing the production of medical devices or switching to a remote work system (Basuki et al., 2022).

The tourism sector, which is the mainstay of Indonesia's economy, took a heavy hit during the pandemic. Restrictions on domestic and international travel led to a drastic decline in tourist visits, which impacted hotels, restaurants, and other related businesses. Meanwhile, in Japan, although the tourism sector was also affected, its economy was less dependent on this sector compared to Indonesia. Japan has a stronger industrial base, including manufacturing, technology, and financial services, which helped sustain the economy during the crisis (Delanova & Yani, 2021).

The uneven distribution of social assistance and economic stimulus is also a factor that worsens the economic impact in Indonesia. Although the government has issued various aid programs, such as the Family Hope Program (PKH) and Direct Cash Assistance (BLT), their implementation is often faced with obstacles such as slow distribution and inaccurate targeting. This has caused many communities, especially in remote areas, to not get the assistance they need. In Japan, a more organized and technology-based aid distribution system ensures that aid can be distributed faster and on target (Arnie & Dompak, 2020).

Overall, the differences in the economic impact of the COVID-19 pandemic between Indonesia and Japan reflect inequalities in fiscal capacity, economic sector resilience, and the effectiveness of crisis management policies. Indonesia needs to learn from Japan's experience in building a more inclusive social protection system and strengthening economic sectors that are more resilient to shocks. In addition, increased coordination and transparency in aid distribution are key to ensuring that economic support can reach those most in need. Thus, Indonesia can be better prepared to face similar crises in the future and minimize negative impacts on the national economy. Despite the recession of both countries, Japan has greater financial capacity to provide economic stimulus and protect businesses and households (Candrawati, 2021).

The handling of the COVID-19 pandemic in Indonesia and Japan shows significant differences in terms of policies, health systems, community responses, and economic impacts. Japan, with a more prepared health system and a more disciplined society, is able to control the pandemic more effectively despite still facing challenges. Meanwhile, Indonesia faces greater challenges due to limited resources and suboptimal coordination. The two countries can learn from each other's experiences to improve the governance of pandemic handling in the future.

CONCLUSION

Based on the results and discussion above, it can be concluded that the governance of handling the COVID-19 pandemic in Indonesia and Japan shows significant differences, both in terms of policies, health system capacity, community response, and economic impact. Indonesia, with its limited health infrastructure, reliance on the informal sector, and coordination challenges between central and local governments, faces greater pressure in dealing with the pandemic. Meanwhile, Japan, with a more prepared health system, a culture

of community discipline, and strong fiscal capacity, is able to control the pandemic more effectively despite still facing challenges.

Public responses to government policies are also influenced by cultural, social, and economic factors. In Japan, high public compliance with health protocols helps in controlling the spread of the virus. Meanwhile, in Indonesia, the non-compliance of some people is caused by economic and social factors, such as the need to work and lack of access to social assistance. The economic impact of the pandemic is also felt more heavily in Indonesia, especially in the informal sector and MSMEs, while Japan is able to mitigate negative impacts through large economic stimulus and a better social protection system.

ADVICE

1. Health System Capacity Building

The Indonesian government needs to increase investment in health infrastructure, including the addition of ICU beds, isolation facilities, and medical oxygen supply. Training and replenishment of medical personnel, especially in remote areas, should be a priority to ensure equitable distribution of health resources.

2. Better Coordination and Communication

The central and regional governments need to improve coordination in the implementation of pandemic handling policies to ensure consistency and effectiveness. Socialization and education on the importance of health protocols must be carried out more intensively and inclusively, involving community leaders and religious leaders to reach all levels of society.

3. Economic and Social Support

The government must ensure that social assistance and economic stimulus can be distributed quickly and on target, especially to the poor and the most affected informal sectors. Training and mentoring programs for MSMEs need to be strengthened, including support for business digitalization to survive and thrive in the midst of a pandemic.

4. Learning from Other Countries

Indonesia can learn from Japan's experience in crisis management, such as the implementation of an efficient case tracking system, organized logistics distribution, and a community-based approach. International collaboration in knowledge and technology exchange also needs to be enhanced to strengthen national capacity in dealing with the pandemic.

5. Strengthening Economic Resilience

The government needs to diversify the economy and reduce dependence on sectors that are vulnerable to shocks, such as tourism. Investment in strategic sectors, such as technology, health, and education, must be increased to build long-term economic resilience. By implementing these measures, Indonesia can

be better prepared for future health crises and minimize negative impacts on public health and the national economy.

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