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Comparison of Covid-19 Control Policies Between Indonesia and Australia Based on the Perspective of Policy Capacity Theory

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ABSTRACT
The Covid-19 pandemic scrutinized the readiness and challenges of a country's control policies in the Asia Pacific region. This article aims to compare the policy capacity for Covid-19 control between the governments of Indonesia and Australia from the perspective of policy capacity theory. This article uses a qualitative case study method with data collection techniques for literature studies, online investigations, and data analysis. The two countries have something in common in implementing public health policies related to Covid-19, but the authors found different results. Based on the analysis using the theory of policy capacity, from the aspect of analytical capacity, it was found that the Indonesian Government was slow to respond to the Covid-19 pandemic. In contrast, the Australian Government carried out mandatory continuity of the Covid-19 policy. Then in terms of operational capacity, Indonesia still has minimum capacity and resources compared to those Australia. In terms of political capacity, the Government of Indonesia has lost public trust due to policy inconsistencies in controlling Covid-19. Meanwhile, the Australian Government can build public trust with transparent information disclosure. As a country with a large area and a high population in the face of Covid-19, it is necessary to strengthen policy capacity starting with practical policy design, leadership skills, good coordination between cross levels of government, and political legitimacy and public trust.

A. INTRODUCTION

The exponential outbreak of the Coronavirus Disease 2019 (Covid-19) pandemic worldwide has formed a new epicentre outside of China as countries located in the Asia-Pacific region, Indonesia and Australia, have almost the same area and population agglomeration. The Australian Government has set up a strategic coordinating body for Covid called the National Cabinet in response to Covid-19. The government's accommodation by establishing a strategic coordinating body realizes the effectiveness of the political system in responding to Covid-19 (Sullivan in Christian & Kosandi, 2021). The Australian Government is taking serious action

by implementing a travel ban policy. The Australian Government, especially the state of Western Australia, has also implemented a state of emergency policy to suppress the spread of Covid-19. The Australian Government promotes all policies as a recommendation for people to stay at home and reduces the size of meetings allowed (Hakim et al., 2021).

On the other hand, the Government of Indonesia, suppressing the spread of Covid-19, also established a strategic coordinating body called the Task Force for the Acceleration of Covid-19 Control. The establishment of this agency is supported by Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating Coronavirus Disease Control 2019 (Covid-19). This regulation contains Large-Scale Social Restrictions (PSBB), which are restrictions on community activities such as teaching and learning activities, religious activities, or activities in a public facility within reach of an area exposed to Covid-19. However, because this policy is not a harsh lockdown policy, the resulting output is ineffective due to a lack of public awareness. Although it has been implemented in major cities in Indonesia, the number of patients infected with Covid-19 is still high (Sulasih, 2020).

With its dynamic transmission rate, the spread of Covid-19 has not only caused high infection and death rates but has also affected people's socioeconomic activities and poses major challenges to national development. This problem also persists in Indonesia and Australia. It is undeniable that Indonesia and Australia have experienced many contrasting consequences in the control of Covid-19 in each country. However, it is interesting that the two countries have implemented almost similar public health policies, but both have experienced very different results in terms of their goals. Despite regional disparities and differences in bureaucratic leadership, data on governance in controlling the Covid-19 pandemic using similar policies can provide new knowledge in improving governance and institutional policy capacity in controlling Covid-19. In addition, comparing the reality of Covid-19 control between Indonesia and Australia is a fascinating study to be studied in more depth. Using comparative study techniques offers benefits for Indonesia, especially in modelling Australia's success in governance in controlling Covid-19. According to Anggara (2012), comparative studies are driven by practical needs where a country can take certain values of another country's state administration so that they can be combined and applied in their country. Several studies compare Indonesia's policy capacity with other countries controlling the Covid-19 pandemic. The Study of Siregar & Deasy (2021) examines that Indonesia needs to model the control of Covid-19 from Singapore, namely transparency, strong communication between the community and the government, prioritizing the benefit and safety of civil society and building compliance and awareness of COVID-19 prevention. This study illustrates the success of Singapore's Covid-19 response to responsive and efficient health disaster mitigation, government legitimacy, and experience. Salsabila (2021) stated that Vietnam's Covid-19 control was more adaptive and preventive than Indonesia's because it had experience dealing with the SARS pandemic in 2003. Of course, this government step deserves appreciation, considering that Vietnam has limited resources and weaknesses related to patient welfare insurance. Then, how different is the capacity of covid-19 control policies in Indonesia and Australia? What success factors for Australia's Covid-19 pandemic control policy can Indonesia learn? These two questions that the author answers in this article.

B. LITERATURE REVIEW

Comparative Public Administration

Comparative public administration has developed as the main science study after the evolutionary period of World War II, precisely in the 1960s. This study has a systematic purpose by finding its scientific scope in state administration. Comparative public

administration studies are driven by concerns about building a theory and addressing development administration problems in developing countries in Asia, the Middle East, Latin America, and Africa. The comparative development of public administration prompted the United States after World War II to analyze the differences in public administration in other countries (Manoharan & Mirbel, 2017). The roots of comparative public administration come from the administration of development. Initially, the comparison of public administration grew on the ambition to establish a theoretical framework and continued to develop until the end of the decade. The comparative comparison of public administration focuses on studying the process of running government related to the administrative apparatus and public officials (Van de Walle & Brans, 2018). Therefore, comparative public administration is a comparative study of institutions, behaviours, and processes related to many contexts. In this context, all external influences that affect management are public values, norms, political culture, economics, and religion (Jreisat, 2018). The existence of a comparative public administration concerns the study of administrative systems to identify similarities and contrasts related to administrative concepts, processes, structures, principles, and environments (Uzelama, 2017).

In his view, Jreisat (2016) mentioned that comparative public administration is an approach used for research and development of public administration in improving performance and attributes in various social, political, and economic responsibility areas. This approach breaks the traditional parochial context toward global learning from all countries and regions. Through comparative public administration, it is hoped that it can find patterns of actions and behaviours administratively across cultures. This can later take on important values that can improve the concepts and practices of a country. Comparing public administration is to find regularity in the bonding patterns of administrative and cross-cultural actions that generate new knowledge or improve existing information (Jreisat, 2018). Thus, the comparison of public administrations wants to achieve a pattern of comparison regarding public decisions established by an officer of the civil service within the scope of the external environment. According to the authors, comparative public administration encourages the creation of an exchange of values from each country to be used as an application of the progress of a particular field. Later, it is expected to increase the changes desired by the public and policy actors as decision makers.

In the public policy cycle, the comparative existence of public administration lies in formulating policies in which the roles and functions of policy actors, including government, bureaucrats, and politicians, are taken into account. Comparative studies of public administration encourage an acceleration involving various participating external factors. This involvement has substantive value in reforming a country's public sector and governance management (Van de Walle & Brans, 2018). In addition, comparisons are made to see differences in public policy and the results achieved by the state. This condition attracts the attention of each country to conduct a comparative study related to the success and failure of the state in implementing public policies and their external environment.

Comparative Public Policy

In 1970 there was a debate over the scope of comparative public policy and the division of policy research methodologies. Public policy comparison helps examine the use of theory in policy processes distinctively in sub-scopes such as comparative economics, politics, disciplines, or applied policy sciences. Using comparative studies, they can better understand public policy processes of similarities and differences (Dogaru, 2019). Then, public policy comparisons examine with a comparative approach to investigate policy processes, outputs, and results (Dodds, 2018). Comparative public policy relates to comparing policy studies or their policy processes. Therefore, public policy comparisons focus on the substance of the

policy process or policy itself (Van de Walle & Brans, 2018). Wilder (2017) mentioned that policy comparison researchers look at how institutions can explain policy discourse and political culture that impacts policy outcomes.

The existence of a comparative policy study discusses the policymaking process to its evaluation. Then the key to comparison becomes the central value for analyzing and assessing policies (Engeli & Allison, 2014). *Comparative Public Policy* is also an interdisciplinary study that uses public policy as the primary analytical tool for comparing different systems and institutions. This condition differs from comparative public administration, which uses analytical tools in bureaucratic, administrative, and *governance systems*. This is usually done within the scope between various countries and governments. Public policy comparison offers the development of theories from different interdisciplinary perspectives of the sciences used in the social sciences. Using a comparative study of public policy opens up opportunities to apply the assimilation of the experience of a country's success in its development (Wong, 2016). Comparing public policies can serve as a medium to analyze how the selected policy can effectively achieve the goals. This is true for any country that desires to conduct a comparative study of the other countries' success to be utilized and combined according to their country's internal environment.

Policy Capacity

Capacity becomes an integral part of the decision-making or policy process. Many case studies look at the general policy capacity for the success of the policy results achieved (Woo, 2020). Policy capacity is the ability to create a qualified public policy (Lawrence, 2020). The ability of public policy organizations is taken into account in producing the best analysis and advice in policy to be able to inform the policymaking process to the community (Wellstead & Stedman, 2015). In addition, policy capacity is related to the government's demands in determining the policy's success or failure (Brenton, Baekkeskov, & Hannah, 2022).

On the other hand, policy capacity can observe at all scales within the government sphere by increasing local autonomy and capacity deployment (Sajadi & Hartley, 2021). It can be seen in the theory of policy capacity as a model initiated by Wu, Ramesh, & Howlett (2015) by presenting skills and competencies, including analytical capacity, operational capacity, and political capacity. In each capacity of ability and competence, there are differences which are divided into three different levels ranging from individuals, organizations, and systems, by determining the knowledge and competence of the government to become a key leader who plays an important role in determining the results of public policy. Broadly speaking, an overview of policy capacity can be presented in Table 1.

Table 1. Policy Capacity Matrix

Levels of resources and capabilities	Skill and Competences		
	Analytical	Operational	Political
Individual	Individual analytical capacity	Individual operational capacity	Individual political capacity
Organizational	Organization analytical capacity	Organization operational capacity	Organization political capacity
System	System analytical capacity	System operational capacity	System political capacity

Source: Wu, Ramesh, & Howlett (2015)

At the individual level, policy capacity is determined by the role of policymakers. It is what drives efforts to make policy designs effective. This situation requires technical skills with knowledge and practice related to policy analysis. Leadership and negotiation skills are the keys to successfully increasing policy capacity. Furthermore, at the organizational level, more emphasis is placed on the ability to mobilize information related to policy analysis in a relevant and measurable manner in time. Then, the aspect of administrative capital is constantly taking place, with the coordination carried out by policymakers with politicians becoming the fundamental of policy analysis. At the system level, coordination mechanisms are built on cross-governments of different levels. In addition, increasing political legitimacy and trust in the public can help create an established policy capacity. Then, policy design is effectively created through institutional institutionalization that can create knowledge and benefits (Mukherjee, Coban, & Bali, 2021).

As in the policy capacity, it is stated that there are three abilities (skills) and competencies. First, analytical capability at the individual level or individual analytical capacity is closely related to the ability to access and apply scientific and technical knowledge. Furthermore, organizational capacity has personal resources with analytical skills in processing and collecting data, and the government is committed to using evidence-based policies. Then, in the analytical capacity system, policymakers have excellent access to collect information for their analytical and managerial needs. This is supported by an environment that has a knowledge system for the participation of institutions and policy actors.

Second, operational capacity includes individual operational capacity, where managers in government are the main determinants of efficient policy capacity. Then, the organization operational capacity in which B. Guy Peters presents the opinion of the success factor of the policy capacity is determined in the internal organization of political institutions and public bodies referring to the government. It is worth noting that the relationship built between the legislature and the executive is effectively established. Then. The scope of the operational capacity system emphasizes the level of coordination established between government and non-government actors that can collaborate to solve collective problems. This condition requires a leadership role by uniting a common vision and mission so that the goals can be shared.

Third, political capacity in individual political capacity is related to the ability of political actors to have political knowledge and established experience in the policy process. Political actors must have the right understanding to develop a mutual agreement. This is the so-called collective political trade-off consensus. Meanwhile, an organization's political capacity means that the government needs to attempt to describe and expose issues to the public with a clear focus through the contribution of resolutions. In the political capacity system, it is an important point to be explained by the theory of policy capacity. The government needs to strengthen the capacity of legitimacy to the public. This legitimacy can be a level of trust in various social, political, economic, and others. Thus, the government must build public trust to support its policy capacity (Wu, Ramesh, & Howlett, 2015). Policy capacity assesses the ability to make collectively intelligently, mobilizes resources to support policy making and implementation, and coordinates all governments involved in the social and political environment (Hughes, Gleeson, & Lin, 2015). It can be concluded that a policy capacity is a form of optimizing the use of all resources effectively and efficiently in supporting the application of policies where it is expected that the selected policy can achieve comprehensive and relevant goals.

C. METHOD

This article uses a qualitative case study approach comparing governance in controlling the Covid-19 pandemic in Indonesia and Australia better to understand the governance

structure and existing policy capacities. According to Cresswell & Poth (2016), qualitative case studies are in-depth exploratory studies of a case with a complete collection of information based on data collection procedures and a predetermined time. This qualitative case study is a copied method to explore the governance of controlling the Covid-19 pandemic in Indonesia and Australia. Data collection techniques are also in line with Creswell (2014), which is carried out extensively and refers to several sources. The data collection technique in this article uses the grey literature review method. Paez (2017) defines grey literature as produced at all levels in government, academia, and business to the industry in print or electronic format but not controlled by commercial publishers. This method makes it possible to search for information based on academic papers, research reports, conference papers, theses, dissertations, ongoing research, and other literature sources. The search for such data or information can be done on a grey literature database. The implementation of this method is carried out to understand the comparison of governance structures and policy capacities for controlling the Covid-19 pandemic in Indonesia and Australia so that it can be mapped as comprehensive knowledge of governance and institutional policy capacity which has implications for the country's response to the spread of the Covid-19 pandemic.

D. RESULT AND DISCUSSION

The increase in Covid-19 in Indonesia was initially on march 2, 2020, when President Joko Widodo announced that two people tested positive for Covid-19. The acceleration of the Covid-19 pandemic can be seen significantly moving upward and resulting in the highest order in Southeast Asia even though the Indonesian Government has implemented social distancing policies, closed schools and workplaces, and closed international flights (Olivia., Gibson., & Nasrudin, 2020). It seems to contrast with the Australian Government policy at the beginning of the spread of Covid-19. The existence of a travel ban policy for newcomers with a two-week quarantine without charge, the implementation of restrictions on air, land, and sea travel, increasing surveillance on border areas and securing health masks make the policy and control of the Covid-19 Virus look very effective. This policy has proven very effective, where around 87% can reduce cases and deaths caused by Covid-19. Data shows that the cure rate of patients in Australia is very high, at about 96.52%. Coordination between the government, medical personnel, and the community is very controlled (Costantino., Heslop., & MacIntyre, 2020). It shows a significant difference in the implementation of covid-19 control policies between the two countries, the Government of Indonesia and the Government of Australia. This difference in policy capacity is certainly interesting to be studied in depth using the perspective of policy capacity theory by Wu, Ramesh, & Howlett (2015), which includes analytical capacity, operational capacity, and political capacity. The policy capacity theory can later become a tool for analyzing the policy capacity of each country as to how far they maximize their approach to overcoming the spread of Covid-19 in their respective countries.

Indonesia and Australia's Covid-19 Policy from the Aspect of Analytical Capacity

In this sub-discussion, we will describe the differences in covid-19 control policies between Indonesia and Australia from the aspect of analytical capacity. At the individual analytical capacity level in overcoming Covid-19, the Indonesian Government does not use an individual scientific knowledge base in responding and making decisions during the spread of Covid-19 from January to March 2020. This manifestation can be seen in policymakers' slow response and underestimation of the beginning of the spread of Covid-19. For example, other countries are anticipating Covid-19, and the Indonesian Government is still struggling with the policy of increasing foreign tourists to Indonesia. In addition, negative and anti-science narratives seem to be shown by politicians and policymakers, such as the narrative that states Covid-19 will not enter Indonesia if you read the *Qunut* prayer by the Vice President of the Republic of Indonesia

(Agustino, 2020). This situation created a reactive attitude in dealing with Covid-19 at the beginning of its spread in Indonesia increasingly significantly.

Unlike the Australian Government, when Covid-19 began to spread on January 26, 2020, it had already started careful preparations and considered appropriate policies. Precisely on March 15, 2020, through the Prime Minister of Australia, Scott Morrison, to carry out mandatory restrictions. It occurred in continuity from April to May 2020, applying lockdown restrictions. It is also supported by massive law enforcement with a fine of AUD$1600 that does not comply with the policy. This is also supported by Covid-19 communication and education in the community so that they can understand the restriction policies set by the Australian Government (Murphy, Williamson, Sargeant, & McCarthy, 2020).

Next, the organization's analytical capacity has individual resources with analytical ability in processing and collecting data, and the government is committed to applying evidence-based policies. Reflecting on the government of Indonesia through the Task Force for the Acceleration of Covid-19 Control, it had stated not to cover the data on daily cases of Covid-19. This had become a debate over Covid-19 case data between the centre and different regions. To overcome this problem, the Task Force for the Acceleration of Covid-19 Control released an update on daily Covid-19 data through the www.covid-19.go.id page (Kompas.com, 2020). Furthermore, public communication problems were also conveyed by Prof. Hermin Indah Wahyuni, Lecturer of Communication Science at the University of Gajah Mada (UGM), who revealed inconsistencies in the Indonesian Government in implementing policies related to Covid-19. For example, the concept of social distancing initiated by the Indonesian Government on March 23, 2020, has changed to physical distancing. Then, on March 31, 2020, policy changes were again carried out with the presence of the Large-Scale Social Restrictions (PSBB) policy. When viewed from the quality of public communication, the Government of Indonesia does not use the analysis of strategies for controlling Covid-19 based on valid data (Humasindonesia.id, 2020).

Regarding organization analytical capacity, the Australian Government implemented a policy of restricting flights and tightening quarantine from an early period. A strategic step to overcome Covid-19 was carried out by the Australian Government by forming a National Cabinet on March 13, 2020. The reason for the establishment of the National Cabinet is aimed to improving centralized coordination among the states of Australia. The National Cabinet comprises the Prime Minister of Australia and the Head of State. Not only that, but the involvement of experts also helped through the Australian Health Protection Principal Committee (AHPPC). On March 20, 2020, the Australian Government agreed to implement a policy of closing the borders of all countries or known as lockdowns (Mayangsari, 2020). Differences in decision-making by the Governments of Indonesia and Australia have implications for the total covid-19 cases at the beginning.

Table 2 below shows a significant difference in the total of Covid-19 cases from March to May 2020. Indonesia recorded a high total number of Covid-19 cases. In March 2020, it reached 1,115 cases, in April 2020 with 8,882 cases, and peaked at 24,538 cases as of May 2020. This indicates that the control of the organizational level through the Task Force for the Acceleration of Covid-19 Control cannot socialize and communicate policies effectively to the community. On the other hand, the Australian Government demonstrated optimal organizational capacity with the help of the Australian Health Protection Principal Committee (AHPPC) under lockdown. As a result, the total number of Covid-19 cases in Australia was able to be suppressed and maintained to be a less significant number from March 2020, around 3,050 cases, April 2020 reaching 6,746 cases, and May 2020 to 7,118 cases. The Australian Government's ability to deal with Covid-19 has proven effective by adopting lockdown policies as a preventive measure since the beginning of the spread of the pandemic.

Table 2. Differences in the Number of Covid-19 Cases in Indonesia and Australia (March-May 2020)

Country	March	April	May
Indonesia	1,155	8,882	24,538
Australia	3,050	6,746	7,118

Source: Worldometers.info (2020)

In terms of the analytical capacity system, if you look at the Indonesian Government, it can be seen that the weak support for a collaborative environment hampers the Covid-19 mitigation process. Based on the opinion of Surya Putra as Head of the Operational Control Center of the National Disaster Management Agency (BPNP), he stated there were obstacles to collecting Data on Covid-19 patients due to sectoral ego problems in the internal Task Force for the Acceleration of Covid-19 Control. Initially, a debate took place among medical personnel in charge of protecting the personal data of Covid-19 patients by the law's mandate. However, on the other hand, the Task Force for the Acceleration of Covid-19 Control must also update data daily. The lack of coordination of Covid-19 data collection between the central and regional governments also became a problem (Nasional.kompas.com, 2020).

Meanwhile, the Australian Government already has an established crisis management modality so that it can respond to control Covid-19. This is what created the Australian Government's crisis governance arrangement that enhances cross-state and territorial collaboration across the private sector and experts in the field of public health. Therefore, the establishment of the National Cabinet became a cross-sectoral liaison between states and territories of the Australian Government. The results have proven effective in reducing the Covid-19 curve in Australia and increasing public confidence in the Australian Government (Bromfield & McConnell, 2020).

Indonesia and Australia's Covid-19 Policy from the Aspect of Operational Capacity

Judging from the aspect of operational capacity, the Governments of Indonesia and Australia have implemented several policies related to Covid-19 Control which are almost the same. However, these policies have a different levels of effectiveness and efficiency in the two countries. The operational capacity of public health policies implemented by Australia and Indonesia during the Covid-19 pandemic can be seen through several capabilities and resources. At the individual operational capacity level, the Government of Indonesia responded quickly and earlier to the Covid-19 pandemic than Australia by implementing travel restrictions from Hubei Province, which is the centre of the spread of Covid-19. The policy was issued on January 27, 2020. But in this regard, Indonesia is too focused on restrictions in Hubei Province alone. The risk of transmission from Covid-19 is not only in Hubei Province but also throughout China. So, this policy is less effective in preventing the risk of virus transmission from the central area of its spread.

On February 1, 2020, Australia restricted all travel from China and only allowed Australian residents and citizens who could travel to Australia (Price et al., 2020). Policy implementation is slower than in Indonesia but can minimize the transmission risk from the Covid-19 spread centre. The existence of travel restrictions throughout China at the beginning of Covid-19 spread can reduce the possibility of travellers who have contracted Covid-19 in China going to Australia for any reason. The Australian Government also immediately closed international and local borders to residents and non-citizens, starting at 9 pm (Fotheringham et

al., 2021). The closure of the border for all regions in China is considered quite effective for Australia. In addition to inhibiting and preventing the spread of the virus, it also allows Australia to build a fast tracing and tracking system. At some stage, such a quick response from the Australian Government could enable Australia to reach zero cases (Haseltine, 2021).

The Indonesian Government also encourages people to self-isolate at home for two weeks if they feel symptoms of contracting Covid-19. The Indonesian Government has also appointed Referral Hospitals for as many as 100 public hospitals in the country. The number of Referral Hospitals increased again on March 8 to 227. However, the policies did not work effectively because self-isolation policies were also not accompanied by direct supervision of self-isolating residents. In addition, the number of Referral Hospitals provided by the government is also insufficient due to the increasingly high number of Covid-19 cases.

Meanwhile, in this case, the Australian Government also imposed a home isolation program. This program is in the form of a 14-day quarantine and restrictions on the activities of travellers returning from abroad. This is regulated under the Public Health Act issued by the Australian Government regarding Covid-19 and advocates that people stay at home and reduce the size of meetings allowed (Hakim et al., 2021). In the program, police are also deployed to every house of residents undergoing isolation to monitor compliance and isolation procedures per existing regulations. So residents who are self-isolating can be controlled, and their needs are met during the quarantine period.

In implementing public health policies, at the level of organization operational capacity Indonesia has a Task Force for the Acceleration of Covid-19 Control, which was formed on March 13, 2020. It will later be responsible and under the supervision of the President. The task force provides information on preventing, controlling, and dealing with the spread of Covid-19 in Indonesia (Putri, 2020). In this case, the Task Force for the Acceleration of Covid-19 Control issued a guideline related to the Medical Rapid Response and Health Aspects of Covid-19 Control. The policies provide information on ways to reduce the impact and mortality rate due to Covid-19 and are aimed at the public and medical personnel. The guidelines also include information related to protocols that need to be adhered to in laboratory testing, means of communication, and patient care. The Task Force for the Acceleration of Covid-19 Control is still experiencing problems such as the lack of medical personnel helping accelerate the control of Covid-19 so that the capacity to control Covid-19 patients has become very slow.

Meanwhile, Australia has a National Cabinet, an intergovernmental committee formed on March 13, 2020, that coordinates and provides a consistent national response related to Covid-19. The National Cabinet ensures uniformity of risk management along with timeliness, coherence, and clarity in the jurisdictional responses of each state (Beck & Hensher, 2020). The National Cabinet has also announced increased restrictions and relief measures for such restrictions. The National Cabinet has a fairly capable capacity compared to the Task Force for the Acceleration of Covid-19 Control in resources and strategy. This is proven by the evidence approach used by the National Cabinet in controlling cases of the spread of Covid-19. Thus, the rate of covid-19 spread in Australia can be suppressed at the beginning of its spread.

At the level of system operational capacity, in establishing centralized coordination with the state government, the Australian Government formed a National Cabinet to deal with the Covid-19 pandemic, which consisted of the Prime Minister and the Head of State. Then this National Cabinet will later be assisted by the Australian Main Committee for Health Protection (AHPPC), consisting of the Chief of The National Medical Staff and the Chief of Medical Staff from the state (Mayangsari, 2020). The Australian Government is also working with the police and military to monitor and review residents who are in quarantine to maintain compliance with home and hotel requirements. In addition, the Australian Government communicates

through advertisements, public signage, and television press conferences daily to provide information related to the process of controlling Covid-19.

Whereas in Indonesia, to provide smooth coordination in the implementation of public health policies during the Covid-19 pandemic, the Government of Indonesia, through the Task Force for the Acceleration of Covid-19 Control, provides direction to implementers regarding the implementation of the acceleration of Covid-19 Control. In carrying out its duties, the Task Force for the Acceleration of Covid-19 Control is also assisted by the Secretariat of the National Disaster Management Agency for administrative and technical assistance. In addition, the Task Force for the Acceleration of Covid-19 Control coordinates with local governments, the private sector, and other parties interested in controlling the spread of covid-19 cases. This follows Presidential Decree Number 7 of 2020 concerning the Task Force for the Acceleration of Covid-19 Control.

Of the two coordination systems, Australia involves many medical experts and professionals in the health field at the national and state levels. This is in line with the Covid-19 pandemic facing the world today, which is related to human health problems. The policies should also be based on advice from professionals in the health sector, not politicians. While coordination in Australia is better with the involvement of medical professionals, coordination between the Central and the state governments is, in fact, not an easy thing to do. This is due to the differences in political parties in each member (Widyananda, 2020).

Meanwhile, in Indonesia, coordination involves more politicians and rarely professionals in the health sector. So, the control policies related to Covid-19 are sometimes not on target and are ineffective in suppressing the spread of Covid-19 in Indonesia. In addition, the policies implemented in the regions of Indonesia are also not in the same direction. This is proven by restricting social activities in areas with the highest Covid-19 cases.

Indonesia and Australia's Covid-19 Policy from the Aspect of Political Capacity

The analysis of the political capacity on Covid-19 policy between Indonesia and Australia can be looked at through several capabilities and resources. At the individual level, when the Indonesian Government handles the spread of Covid-19, it is inseparable from the ability of political actors to formulate policies. In February 2020, it was reported that the first time patients were infected with Covid-19 in Indonesia, instead of increasing community tracking, President Joko Widodo responded by establishing 100 Covid-19 referral hospitals (Tamtomo, 2020). This seemingly incompetent policy response proves that political actors do not yet have established experience and decisions in the policy process. It is proven that in March 2020, there was an increase in deaths of Covid-19 patients by 8.9%, which is twice as large as the world's average death rate (Ministry of Health of the Republic of Indonesia, 2020). The capacity of political actors at the individual level is in stark contrast to the response of Australian political actors. Australian Prime Minister Scoot Morrison responded quickly when a covid-19 case was first discovered in Australia. He activated The Australia Health Sector Emergency Response Plan for Novel Coronavirus (Christian & Kosandi, 2021). In addition, Marrison also expanded travel restrictions and screenings from China, South Korea, Iran, and Italy to Australia. The Australian Government also established the National Covid-19 Coordination Commission in response to the increase in the peak of the Covid-19 pandemic in March 2020.

Whereas at the level of organization political capacity, the Government of Indonesia has inconsistently described the condition of Covid-19. This inconsistency can be examined through the responses of several political actors who underestimated the constellation of the spread of the Covid-19 pandemic. Tangguh collected the mixed responses of political actors in 2020. One of the policy actors, the Minister of Transportation, Budi Karya Samadi, stated, "There is no coronavirus in Indonesia because people are immune because they like to eat cat

rice." The statement has given birth to anomalies in public knowledge due to the limited information presented to the public. At the beginning of Covid-19 spread in Indonesia, there was synchronous data on infected patients who died and recovered due to Covid-19. The study "Public perception on Transparency and Trust in government Information Released During the Covid-19 Pandemic" showed that as many as 92% of participants spoke out about the government's low transparency of Covid-19 data. The participants also expressed the intransigence of data by the government to prevent mass panic (Christian & Kosandi, 2021).

In stark contrast to Indonesia, Australia has a pretty good organizational capacity at the organizational level. The CovidSafe Application launch proves this as a form of government commitment to monitor and track the spread of Covid-19. Additionally, the government's commitment to upholding data disclosure where the public has the right to access information about Covid-19 is evidenced by the Australian Government joining the International Conference of Information Commissioners. It is essential to present public issues focusing on the contribution of resolutions.

Meanwhile, reviewing the political capacity system can through the government's level of public political trust in dealing with the Covid-19 pandemic. The trend of public political trust is vital because it can affect every line of policy made. High trust in the government increases the efficiency and effectiveness of government operations and builds the legitimacy and sustainability of the political system (OECD, 2013).

Based on Indobarometer and RRI Research and Development Center survey results in 2020, it was revealed that 53.8% of the people were dissatisfied, and only 45.9% were satisfied with the government's performance (Indobarometer and RRI Research and Development Center, 2020). The survey results are inseparable from the government's policy response, starting from the beginning of the discovery of Covid-19 patients in Indonesia. Contrasting with the level of political trust in Indonesia, according to political trust and democracy in Times of Coronavirus: Is Australia Still the Lucky Country? The Australian Federal Government is considered to have pocketed a 54% increase in public confidence during the Covid-19 pandemic. In addition, as of March 2020, according to Jennings' data, there was also an increase in the approval rating of prime minister Scott Morrison by >60%. The amount of trust the Indonesian and Australian people have in the government cannot be separated from policies so that differences in the capacity of the public's level of trust in each country can be known through the government's level of competence in responding to Covid-19 (Christian & Kosandi, 2021).

Figure 1. Differences in The Level of Public Trust Before and After Covid-19 in Australia and Indonesia
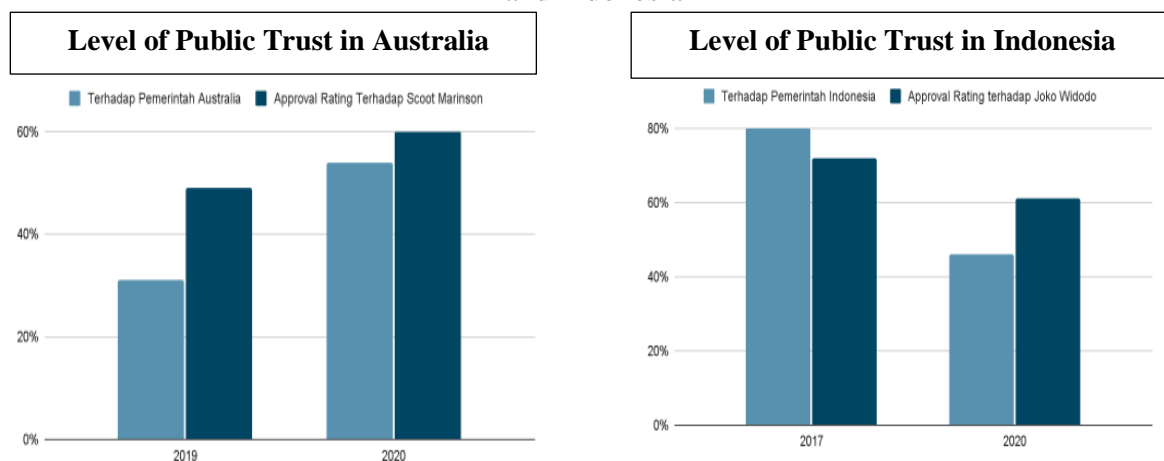
Source: (Christian & Kosandi, 2021)

The government's ability to foster trust and support among the public is a key component of policy capacity. The decline in Indonesian people's trust in the government is a sign of the government's inability to ensure the effectiveness of policies during the pandemic.

The decline in the trust of the Indonesian people in the government is a sign of the government's inability to ensure the policy's effectiveness during the pandemic. It is proven that in 2020, Indonesia's gross national income per capita fell from US$ 4,050 in 2019 to US$ 3,870 in 2020 and increased by only US$ 4,349 (Said, 2022). In contrast to the policy capacity carried out by Australia, it stabilized Australia's per capita gross income of US$ 51,964 in 2020 and rose to US$ 60,057 in 2021 (Ceic Data, 2021).

E. CONCLUSION

This article has compiled and analyzed the initial policy capacities of the Government of Indonesia and the Australian Government in response to the dynamic spread of the Covid-19 pandemic. Analysis using policy capacity theory found a disparity in policy capacity and control of Covid-19 between the Government of Indonesia and the Government of Australia. The unpreparedness and policy inconsistencies echoed by the Government of Indonesia have implications for a decrease in public trust, an increase in the number of patients infected with Covid-19, and a shortage of health resources. The data reviewed has also presented the analytical capacity that the Government of Indonesia has a slow response in formulating control policies. Meanwhile, the Government of Australia is responsible for suppressing and even reducing the spread of Covid-19. In this regard, Australia's success and excellence in responding to and dealing with Covid-19 can be an example for Indonesia in developing its policy capacity to be better for the resolution of a problem and the interests of its people. With the Australian Government's high responsibility when dealing with Covid-19, the ability and use of relatively good resources and an effective coordination strategy, the Government of Australia can be an evaluation material for the Government of Indonesia in making and implementing a policy in times of crisis.

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