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Government Communication Strategies in Time of Pandemic: Comparative Study between South Korea and Indonesia

Abstract

The COVID-19 pandemic is a multi-faceted crisis with a very high public health risk. The more difficult the pandemic, the greater emphasis must be placed on effective government communications. It will play a major role in responding to the pandemic successfully. Meanwhile, ineffective government communication has resulted in widespread public uncertainty and major blunders in reacting to escalating health dangers have had potentially devastating health and social consequences for society, as well as protracted the outbreak. This paper conducts an empirical and comparative analysis of the determinants of government communication strategies in responding to the COVID-19 pandemic in Korea and Indonesia. It aims to explain the success of Korean public communication compared to Indonesia. This study uses a literature review along with a case study using comparable variables. The determining factors used are initial conditions, institutional capacity, transparency, effective coordination, and collaboration between stakeholders. Evidence shows that Korea is better off across all determinants. The lessons from the experience of government communication strategies in responding to the pandemic in these two countries can be used to teach other countries what to do and not to do in government communication services in the midst of a pandemic situation.

Keywords:

pandemic; communication strategies; effectiveness; public trust.

Introduction

In recent years, the world has seen an increase in the number of national and global pandemics, including SARS (2003), H1N1 Flu (2009), MERS (2012), Ebola (2014), Zika virus (2016), and now COVID-19

(2019). Pandemic fears have grown. Government preparations for public health crises are frequently haphazard, in part due to insufficient preparation and in part due to panic, insecurity, misinformation, and poor management. As a result, critical

failures in reacting to the COVID-19 outbreak have occurred.

The difficulty of handling the crisis is multiplied. Previously, there was a vaccine and a cure for this virus, and the only way to deal with it is how to change people's behavior. However, asking people on a large scale and simultaneously for different, sometimes even conflicting. In the midst of this difficulty, government capacity in terms of public communication is very necessary; the government is expected to be able to control this crisis effectively through policies, interventions, and messages that are synchronously and vertically integrated across levels of government and horizontally between ministries (Hyland-Wood, Gardner, Leask, & Ecker, 2021).

The more difficult the pandemic, the greater emphasis must be placed on effective government communications. Ineffective government communication, on the other hand, has resulted in widespread public uncertainty, and major blunders in reacting to escalating health dangers have had potentially devastating health and social consequences for society, as well as protracted the outbreak.

Therefore, a crisis communication strategy is needed. According to the (Secretary-General of the OECD., 2020), the capacity of the government to establish successful policy communication is critical in handling COVID 19. A communication strategy that promotes the timely, factual, and responsive dissemination of information to key segments of the public and minimizes miscommunications in guiding desired coordinated actions. Effective government communications will play a major role in responding to the pandemic successfully.

Nevertheless, the problem is not all countries have the same capacity for public communication to respond to this pandemic. For instance, South Korea is one of many countries that are considered successful in responding to COVID 19. South Korea has responded admirably

to COVID-19. In March and August 2020, the country successfully managed outbreaks and gradually regained control of a wider, more scattered pandemic in December 2020 (Kim, An, Min, Bitton, & Gawande, 2020).

Meanwhile, Indonesia is considered a country that has failed to control the pandemic. The treatments reflected an unstructured approach to combating the coronavirus in the world's fourth-most populous country, where testing rates are among the lowest in the world, contact tracing is minimal, and authorities have resisted lockdowns despite infection spikes (Pramiyanti, Mayangsari, Nuraeni, & Firdaus, 2020).

Based on this background, this paper focuses on discussing why the handling of COVID 19 in these countries reaps different results by analysing the context of the effectiveness of the communication strategy of the government in responding to the pandemic. This study is quite important as we research the capacity of government communication in terms of handling pandemics, meanwhile many researchers focus on the impact of crisis both economically and medically. This paper's primary idea is as follows: an effective communication strategy supported by the high public trust has made the handling of COVID-19 much more successful. In short, good governance will result in the success of handling COVID-19.

I shall begin this work by briefly stating the research question and methodology that I followed for this research. Furthermore, I will discuss the concepts to analyse this topic. After that, I will discuss my findings regarding the Korean and Indonesian government communication strategies in overcoming the COVID-19 pandemic. Ultimately, I will conclude this presentation by providing my key arguments and highlighting what we can learn from this situation.

Public Communication in the Times of Crisis

This section describes an effective communication framework for responding to the

crisis. According to Fukuyama (2020), there are three critical factors to consider when a country must protect its inhabitants from a pandemic attack. These are the capacities of the state, public trust, and leadership. A country with a competent government whose policies are perceived to protect and benefit its residents will undoubtedly inspire public trust, while strong leadership in conveying policies and successfully setting an example will contribute to an effective synergy in combating the epidemic.

During a pandemic, the world is not only fighting a pandemic, it is also fighting an infodemic, where facts and inaccurate information spread faster than a virus. The COVID-19 pandemic is the first pandemic in history in which technology and social media are used on a large scale to keep people safe, informed, manufactured, and connected (Tsao, et al., 2021). It is important for leaders to ensure that true facts are received and presented to citizens, as people usually turn to their government for leadership, protection, and guidance in times of crisis. In communication management during a crisis, the government can use the Crisis and Emergency Risk Communication (CERC) as a framework for public communication in extraordinary situations, such as those depicted in Table 1 below.

The CERC combines the concepts of risk and crisis communication as a link in overcoming crises in the health sector. The aspect that is considered in this model is to build a holistic understanding of the crisis. That understanding concerns how integrative communication can be done to anticipate threats early. The threat here is the potential for the health crisis to spread to a multi-dimensional society. It was used by the Center for Disease Control and Prevention (CDC) in the USA.

The CERC model developed by the CDC significantly improves the likelihood that many of these communication activities will help contain and limit the harm (Veil, Reynolds, Sellnow, & Seeger, 2008). The philosophical basis of CERC is that the public has the right to receive accurate information regarding crises that occur. The information must completely describe the conditions of the crisis that occurred and the risks that exist in order to help the public make rational decisions. Communication becomes a tool for the public to adopt the expected behaviour to reduce risk (Mazey & Richardson, 2020).

There are several stages of continuous communication in the CERC model: pre-crisis, initial crisis, during a crisis (maintenance), resolution, and evaluation. In the pre-crisis stage,

Table 1.

CERC Theoretical Framework for Public Communication in extraordinary/ crisis situation

Pre-crisis	Initial	Maintenance	Resolution	Evaluation
<ul style="list-style-type: none"> - Be prepared - Foster alliances - Develop the system - Test messages 	<ul style="list-style-type: none"> - Explain and inform the public, in simplest forms, about what should they do and is the risk - Establish agency and guarantee spokesperson credibility - Establish platform and channel to provide effective messages - Eradicating misinformation and fake news related to crisis 	<ul style="list-style-type: none"> - Increase public trust by improving public response - Good synergy and coordination among the level of government and line ministries - Invite stakeholders (private and civil society organization) to collaborate together - Listen to stakeholders' feedback - Promoting exit strategy and recovery plans 	<ul style="list-style-type: none"> - Honestly examines problems and mishaps, and then reinforces what worked in the recovery and response efforts - Persuade the public to support public policy and resource allocation to the problem - Promote the activities and capabilities of the agency including reinforcing its capacity 	<ul style="list-style-type: none"> - Evaluate communication plan performances - Document lessons learned - Determine specific action to improve crisis systems or crisis plan

Source: CERC (2007)

the government communicated with the public to provide initial knowledge so that the public would understand and prepare themselves for the crisis at hand (CDC, 2017). At that time, CDC could synergize with government institutions and become the sole authority to provide information to the public.

Entering the initial phase of the crisis, the government needs to provide information through one door (CDC, 2017). This facilitates circulation and prevents news confusion. The government needs to compile a comprehensive message so that the public understands the crisis, its consequences, and anticipates action based on the latest data. This is intended to alert the public to further steps. In practice, public communication means presenting accurate, transparent, and non-partisan information in the public interest. To be effective and to maintain public trust in the system, any principles established in this area must be founded on the values of transparency, integrity, accountability, and stakeholder participation outlined in the Council's OECD Recommendation on Open Government (Secretary-General of the OECD., 2020).

In the case of the Coronavirus crisis, this form of intervention has the extra benefit of enhancing the effectiveness of emergency interventions while also addressing the demand for clear, precise information. Additionally, public communication can be implemented quickly, as virtually every government has a press office and digital platforms (Secretary-General of the OECD., 2020). These frameworks are especially required when pre-existing processes or legislation governing disinformation are absent or ineffective. The message about attempting to prevent COVID-19 transmission to be communicated to the community must be clear, not contradict each other, not have multiple interpretations, and at the same time be able to straighten out the circulating fake news.

During the crisis phase, the government needs to provide updated information on a

regular basis so that the public is sure that the crisis can be passed. The purpose of this crisis phase is to increase public trust and also invite all stakeholders (government agencies, local government, and civil society organizations) to communicate the same. At this stage, the key to successful communication rests on the synergy and coordination between the main communicators (Secretary-General of the OECD., 2020). Strategic and open communication should be a priority for all levels of government. It can be utilized to provide well-organized communication as well as accomplish a variety of disinformation-related goals.

Therefore, the government needs to do this by laying out emergency response measures, correcting rumors and misinformation, and explaining post-crisis recovery plans. The credibility of the message source relates to sources that are trustworthy and have expertise. This second characteristic is particularly pertinent in the current context of widespread political division and fragmentation in many nations, where some groups may be more apt to disregard official information if they believe it to be politicized (Secretary-General of the OECD., 2020).

Chou and Budenz (2020) argue that public communication becomes very important to eliminate things that give negative messages about vaccines and increase public trust in the government's free vaccination program. Trust and good communication can increase the utilization of the health care and vaccination system. Effective public communication is able to straighten out the myths about vaccines so as to provide a positive message about vaccines that can ultimately increase confidence in the health care system and the vaccine itself.

The effectiveness of the communication strategy needs to be constantly monitored to ensure that COVID-19 information, such as the number of cases, its spread, and transmission anticipation, can reach all groups of society

(Zhang, Li, & Chen). In addition, honesty in conveying information must avoid attempts to hide information on the pretext of avoiding panic and offering overly optimistic scenarios, and it is forbidden to silence voices expressing concern (Sellnow & Seeger, 2021). During the resolution period after the crisis is over, the government needs to keep in touch to create solidarity and understand the crisis that has occurred. Eventually, the evaluation stage communication will generate consensus and lessons learned to deal with similar incidents in the future (Holmes, Henrich, Hancock, & Lestou, 2009).

Method

This paper uses a qualitative method with a comprehensive literature review. The data used is secondary data. In addition, this paper employs a comparative method. Indeed, undertaking a comparative study is always challenging. It, of course, does not intend to blindly apply whatever the author gets from experiences to our own context. On the contrary, comparative studies realize their limit—it plays between similarities and differences. Through this paper, we can cautiously learn about certain success experiences and their failures as we stand before the mirror

This analysis approach will focus on explaining two phases only, the initial and maintenance phases. As South Korea already has experience dealing with SARS and MERS outbreaks (Cho, 2020), their health infrastructure and mitigation strategies in terms of pre-crisis stage and responding to outbreaks are much more prepared and advanced than Indonesia. I collect the data by reviewing critical literature on government communication practices in South Korea and Indonesia, both through academic journals, which specifically study how both countries are handling the pandemic, and reports from the trusted mass media. The authors will collect data from publicly available government policy documents, OECD reports on government

communication best practices, World Bank reports, and other research and literature.

Results and Discussion

In this chapter, I will examine the governments of South Korea and Indonesia's strategies in light of the CERC-recommended theoretical framework. Since, currently, both South Korea and Indonesia are still entering the third stage in the CERC model and there are indications of a widespread outbreak. To begin, I will discuss the earliest stages of the outbreak, which assesses the extent to which the two countries prepared and responded in communicating the crisis conditions to the public. Secondly, during the crisis maintenance phase, the governments of the two nations assess their strategies for communicating and coordinating policies with stakeholders, including ministries, local governments, the private sector, and civil society to provide effective communication for society.

The Strategies in Responding to Initial Outbreak

This section will discuss how communication strategies of both the South Korean and Indonesian governments during the beginning of the pandemic. South Korea established communication strategies as a fundamental element of their pandemic response. The COVID-19 response system in South Korea is called "K-Quarantine", and the main elements of the K-Quarantine "TRUST" consist of Transparency, Robust screening and quarantine, Unique but universally applicable testing, Strict control, and treatment (Kim, An, Min, Bitton, & Gawande, 2020).

At the beginning of the pandemic, South Korea's K-Quarantine received international recognition as a successful response to the COVID-19 pandemic. Every day, the media and television report on the good practices carried out by South Korea in handling COVID-19. Reports

and the international community's interest in the South Korean government system published an English-language report "Tackling COVID-19: Health, Quarantine Measures of South Korea" on March 31, 2020" in South Korea comprehensively, and introduced a drive-through and walk-through system to the world (MoEF, 2020).

Moreover, The Korean Centre for Disease Control (KCDC) has a Communication Office authorized to "conduct communication in the emergence of infectious diseases." This center had already developed a significant capacity for sending messages across several channels well in advance of COVID-19's implementation, including a secure text messaging system (ADB, 2021).

Following the 2015 MERS outbreak, the Infectious Disease Prevention and Control Bill provided a legal basis that allows the use of personal information for epidemiological investigations in the context of an infectious disease outbreak. Personal information includes patient movement through mobile phone movement records provided by mobile communications companies, credit card usage records, transportation card usage records, the medical institution, and pharmacy visit records, and CCTV usage records used to identify patient movement routes in detail (Oh, et al., National Response to COVID-19 in the Republic of Korea and Lessons Learned for Other Countries, 2020).

South Korea's government is considered successful in providing transparent information (Ahn, 2020). The Government's transparency policy on positive patient data for COVID-19 aims to prevent the spread of the pandemic in line with national COVID-19 policies. With the assistance of appropriate networks and information and communication technology (ICT) resources, South Korean government policies enabled public trust, as the government keep out false news and rumours about COVID-19 and improve KCDC's long-term reputation (Oh, et al., National Response to COVID-19 in the Republic of Korea

and Lessons Learned for Other Countries, 2020)

The Korean Communications Commission (KCC) has taken preventive measures and is cooperating with relevant ministries to ensure that fake news related to COVID-19 does not harm efforts to end the pandemic as early as possible. Under the support of the Korea Disease Control and Prevention Agency (KDCA), each ministry has produced digital content such as news in presentations and short video clips. In addition, KCC has also collaborated with broadcasters and news portals so that all citizens can access content easily and quickly (ADB, 2021). This has helped improve cooperative involvement in protocols like relational distancing. It lets the public consider the government as a credible source of intelligence, leading to a "trust surplus."

South Korea has shifted its approach to transparency, albeit incrementally. Following an outbreak at a gay nightclub in late April, many clubgoers were fearful of being checked for fear of being outed. The government responded by permitting confidential COVID checks. By contrast, the South Korean authorities were much less friendly to the Shincheonji and Sarang Jeil churches, which respectively fostered large breakouts in April and August. Rather than changing its strategy to allow Shincheonji members to be checked and therefore prevent the spread of COVID-19, the South Korean government doubled down, arresting the Shincheonji Church of Jesus Sect's leader in August on the grounds that he obstructed contact-tracing efforts (Kim, An, Min, Bitton, & Gawande, 2020).

Meanwhile, Indonesia just experienced the outbreak for the first time. Practically, Indonesia has not had the system to handle pandemics yet. Before the crisis arrived in Indonesia, when the outbreak peaked in China earlier this year, the Indonesian government did not appear to have anticipated the global impact of the virus. In mid-February, Jokowi emphasized an economic approach to dealing with the crisis by providing

incentives for the tourism sector (kompascom, 2020). Previously, the Ministry of Health said that Indonesians were not vulnerable to this outbreak.

The Indonesian health minister, Terawan, at that time, instead of raising public awareness about the coronavirus, he and several other public officials actually underestimated the COVID-19 pandemic. In the early days COVID-19 had not been detected in Indonesia, many questioned Indonesia's ability to detect this new virus. However, the Minister of Health Terawan hardly gave a technical answer. Terawan stated that he was taken aback by the public outpouring of excitement following the news of the first case of COVID-19 in Indonesia. Terawan further mentioned that COVID-19 is a self-healing sickness (Laksmiwati & Lukitawati, 2020).

In March, the World Health Organization (WHO) urged Indonesia to take a more proactive stance, while Jakarta's foreign diplomats publicly chastised the executive's ineffectual effort (kompascom, 2020). Actually, Indonesia has a special law regarding regional quarantine, but the government prefers to make a presidential regulation on large-scale social restrictions. Several times civil society urged the government to enact a regional quarantine law, but the government was unable to implement it on the pretext of insufficient fiscal capacity.

The government is not responsive to a potential pandemic, leaving the public with no prior knowledge regarding the dangers of COVID-19. Uncertain information from social media then became the main guide for the public. When the first cases were announced on March 2, marking the beginning of the crisis, the government seemed unprepared (tempoco, 2020). The public, who had not received official guidance from the government, became confused so they acted in panic, for example buying groceries, or did not react and continued to carry out daily activities.

President Jokowi finally appointed a spokesman who became the main door of

government official communication. However, the communication problem did not improve, because the public was still unfamiliar with the terms used by the government. The choice of difficult terms by the government still indicates that the government is only targeting educated urban communities who come from the middle class. The confused public still does not use information from the government as the main reference. When the government announced COVID-19 as a national disaster by emphasizing the social distancing aspect on March 14, the public was unable to digest it because they were not provided with an initial understanding, especially regarding the steps to be (tempoco, 2020).

This public confusion was then exacerbated by online disinformation and misinformation, especially on social media, which was used as a source of public knowledge in understanding the pandemic. The large population of digital immigrants who are not well-literate makes disinformation spread faster than the coronavirus itself, not to mention the many politicians and public figures who are not experts in the health sector who talked about COVID and consciously influenced the spreading of misinformation and disinformation about COVID 19 to the public.

In a period of six weeks from 23 January to 6 April 2020, the Ministry of Communication and Information (Kemenkominfo) acknowledged 1,096 COVID-19 hoax issues that were disseminated on various digital platforms (cnnindonesia.com, CNN Indonesia, 2021). Despite the efforts of the Indonesian government to give true information regarding COVID-19, a state-wide poll indicated that more people rely on information taken through social media than on information obtained directly from the government (Mujani, 2020). It was also discovered that people went to health associations or doctors' websites for further information rather than the official government website, according to poll results (Salahudin et al., 2020). Although the survey did

not investigate the level of transparency as the essential issue.

In response to the beginning of a positive case of COVID-19 in Indonesia and widespread misinformation about the virus, the central government established a special committee called the Task Force for the Acceleration of COVID-19 Handling (Satgas COVID 19), which is chaired by the Chairman of the National Disaster Management Agency (BNPB). Satgas COVID 19 also built and operated the website <https://COVID19.go.id>, which Indonesians could use to learn about the coronavirus's status in their country.

The first preventive effort carried out by the Satgas COVID-19 was a preventive action campaign carried out by 3M's behaviour change efforts (Wearing Masks, Keeping Distance and Avoiding Crowds, Washing Hands with Soap and Flowing Water). In addition to 3M, health promotion efforts are being intensified, namely the sentence #IngatPesanIbu (Remember Mom's Message). It is hoped that the campaign can increase public compliance with health protocols as a child obeys his mother's message. The #IngatPesanIbu campaign emerged because of the diverse background characteristics of the Indonesian people from culture to education level (medcom, 2020).

The goal is that if the community is cooperative in terms of prevention and promotion, it may undoubtedly assist in breaking the chain of COVID-19 transmission. However, the campaign for implementing the behaviour change has not yet been internalized as a deep-rooted cultural norm, due to contradictory remarks from the minister of health. At the time, WHO said that wearing masks was only for sick people, even though the use of masks is mandatory for healthy people because of the characteristics of the virus that is transmitted through droplets to the ACE-2 receptor in the eyes, nose, and throat (Hasan, et al., 2020)

For tracking purposes, the government initially launched the eHAC application. eHAC stands for Electronic - Health Alert Card. The eHAC app was originally developed by the Ministry of Health and is available on the Google Play Store. eHAC must be filled in by people traveling both domestically and abroad. The data entered is very complete from personal data, address, and destination to go to COVID-19 test results (Kontan, 2020).

Unfortunately, this application is useless, and not only has it failed to provide sufficient information in tracing people, it also suffers from data leaks; according to a vpnMentor report (2021), a total of 1.3 million personal data were leaked thanks to this application. At the end of the day, the government decided to disable this application and replace it with an application called Peduli Lindungi (kompascom, 2020).

Another problem of public communication in Indonesia is the lack of transparency. One thing that is considered bad is the delivery of data collection, reporting, and information, especially related to test results, tracing, and death rates to the public. A platform initiated by the civil society association, laporCOVID.com (2021), released a report on allegations that the government had reduced testing in order to make cases in Indonesia.

Based on the findings above, the qualitative comparison of the initial outbreak condition response can be summarized in Table 2.

The Strategies of Communication and Coordination between Stakeholders

In this section, I will explain the comparison of how South Korean and Indonesian Governments build communication, coordination, and collaboration among their stakeholders. As I mentioned in the theoretical framework, the purpose of this crisis phase is to increase public trust and also collaborate with all stakeholders (government agencies, local government, and civil society organizations) to communicate the same.

Table 2.
The Strategies in Responding Initial Outbreak

Variables	South Korea	Indonesia
Explain and inform the public, in the simplest forms, about what should they do and what is the risk	Simple; clear; accurate; transparent; supportive; and non-partisan information.	Untransparent; underestimating COVID; difficult term; contradictory; too much euphemism; frequently sporadically reported; deceptive; and ambiguous.
Establish agency and spokesperson credibility	Under KCDC and Ministry of Health and Welfare authority	Under Satgas COVID 19 authority, yet frequently other ministries and politicians overlapped speaking about COVID
Establish a platform and channel to provide effective messages	Establishing K-Quarantine mobile apps which is mandatory to download, and its apps also connected to citizens' people number, and frequently active to send people notifications about covid 19	Initially, established eHAC apps for tracing purpose, but its failed. Satgas Covid and Kominfo are barely active to send public messages about covid 19
Eradicating misinformation and fake news related to crisis	The Korean Communications Commission (KCC) has taken preventive action and has been cooperating with relevant ministries to ensure that fake news	Ministry of Communication and Information (Kominfo) is in charge of combating fake news. Yet, at the beginning of COVID 19 in Indonesia, many people still believed in rumour about COVID 19, thanks to polarized politics, unclear and contradicting information

Source: Author's compilation

At this phase, the key to successful communication rests on the synergy and coordination between the main communicators.

South Korea is implementing a series of COVID-19 pandemic control interventions with a smooth centralized command so that it makes the pattern of public communication related to the handling of COVID into one door and well-directed. South Korea established a clear division of labour in the area of communications between public health officials and politicians. In the majority of cases, public health officials presented current scientific thinking and public health guidelines, while politicians debated the pandemic's impact (Park, 2021).

South Korean politicians have frequently used democratic language to describe the outbreak. South Korean President Moon Jae-in stressed in June that Koreans have "demonstrated democratic commitment and collaboration" in dealing with COVID-19. Most crucially, President Moon has delegated responsibility for delivering the latest public health standards to public health experts (Oh, et al., 2020).

The special characteristic of the infectious disease control system in South Korea is that

it is integrative and cooperative. South Korea's management of infectious diseases and disaster response is a cooperative system that not only involves the government but also involves the private sector.

A study conducted by Jeong and Kim (2021) found that the South Korean government's response to COVID-19 was not just that of a single actor or director. The South Korean government was a coordinator of multiple actors and co-directors, including citizens and civil society, by encouraging voluntary inputs from counterpart partners on the central and local levels.

While monitoring the progress of the virus and its containment, the South Korean government maximized opportunities and opened channels for civil society to contribute to its resources and inputs, while coordinating the tasks and priorities of its various Ministries and institutes. Communications units have then amplified those messages through as many channels as possible (Kang, et al., 2020). Ultimately, South Koreans complied significantly more than they did during the MERS crisis: one study revealed increases in compliance features compared to 2015 (Labs, 2020).

In the COVID-19 pandemic, the government strengthened partnerships with the private sector in providing 198 negative pressure rooms and 337 integrated hospital inpatient rooms. Not only that, 74 hospitals were appointed as special hospitals for infectious diseases so they managed to secure 7,564 beds. Public and private partnerships in responding to COVID-19 are the beginning of a successful infectious disease response (Manantan, 2020).

In addition, the private sector is involved in the development and distribution of applications needed to track and self-isolate infected people. The private sector is also focused on providing masks, hand sanitizers, and thermometers. Many large companies also actively participate in responding to infectious diseases such as Samsung, LG, and SK Group, which provide educational facilities owned by their companies to treat positive patients with mild symptoms and asymptomatic patients. This contributes to overcoming the shortage of inpatient facilities (Park & Chung, Learning from past pandemic governance: Early response and Public-Private Partnerships in testing of COVID-19 in South Korea, 2021).

Through this COVID-19 response model, Jeong and Kim (2021) state that the government forms a joint system to overcome the crisis caused by infectious diseases and implement it efficiently. Such a system will enable effective responses at all levels of government. Learning from the 2015 and 2018 MERS outbreaks, South Korea improved the infectious disease control system through cooperation between government agencies. The Central Disease Control Headquarters has the practical authority and responsibility for quarantine at the central government level.

In the face of the second wave of COVID-19 caused by the delta variant, the South Korean government, through Prime Minister, Kim Booyum, revised their social distancing rules from five levels to four levels such as those depicted

in the table 3. Although, several times the South Korean government changed the rules of social distancing, it did not make the public confused because these rules are made as clear as possible and are campaigned directly either through public media or directly to people's personal email accounts (Arin, 2021).

In South Korea, local governments also set up and operate a Regional Central Disaster and Safety Countermeasure Office. This institution plays a role in carrying out practical implementing functions when the central government makes major decisions such as guidelines and implementation plans related to quarantine. In other words, the task of detecting and testing infectious disease patients at the forefront, quarantining people who come into contact with confirmed patients, and providing quarantine facilities or personal hygiene equipment is carried out at the local government level (Park, 2021).

In the Prevention and Handling of Infectious Diseases Bill, local governments concretely regulate things that must be done for local residents, so that local governments play an active role as well as the central government in preventing infectious diseases. Based on this law, local governments have the authority to take independent preventive measures, so several local governments have succeeded in preventing the expansion and handling of infectious diseases (Park, 2021).

Korea, on the other hand, tends to slow down when it comes to promoting an exit strategy and economic recovery. Indeed, South Korea can still escape the recession due to an export economy bolstered by chaebol-affiliated companies, but the domestic economy, particularly the Small and medium enterprise sector, continues to suffer. Although the government has long developed an economic recovery strategy centered on increasing domestic consumption and providing merchants with low-interest loans, these efforts have been insufficient to save Small and medium enterprise actors (Ferrier, 2021).

Table 3.
New social distancing rules in Korea

Classification	Level 1	Level 2	Level 3	Level 4
Definition	Contained and Stable	Local Transmission/ Cap on Gathering Size	Regional Transmission/Ban on Gatherings	Full-Blown Nationwide Transmission/Ban on Going Out
Decision/ Adjustmen Authorities	Si/gun/gi, city/province, CDSCH	Si/gun/gu, city/province, CDSCH	Si/gun/gu, city/ province, CDSCH	CDSCH
Criteria	<ul style="list-style-type: none"> • < 1 case per 100,000 people (weekly average) • Nationwide < 500 • Greater Seoul < 250 	<ul style="list-style-type: none"> • < 1 case per 100,000 people (weekly average + threshold 3 days) • Nationwide > 500 • Greater Seoul >250 	<ul style="list-style-type: none"> • < 2 case per 100,000 people (weekly average + threshold 3 days) • Nationwide > 1000 • Greater Seoul >500 	<ul style="list-style-type: none"> • 4 cases per 100.000 people (weekly average > threshpld for 3+ days) • Nationwide: > 2000 • Greater Seoul > 1000
Private Gatherings	Comply with COVID-19 Protocols	Up to 8 people (gatherings of 8+ people prohibited)	Up to 4 people (gatherings of 5+ people prohibited)	Up to 2 people after 18.00 (gatherings of 3+ people prohibited) • Private gatherings of up to 4 people permitted until 18.00
Events	500+ people only with advance reporting to local authorities.	100+ people prohibited	50+ people prohibited	Events Prohibited
Assembles	500+ people prohibited	100+ people prohibited	50+ people prohibited	Prohibited except 1 person protests

Source: Ministry of Health and Welfare of Republic of Korea (2021)

According to the Korea Economic Research Institute, SMEs' sales decreased 78.5 percent in the first semester of 2021 compared to the same period in 2020, with 58 percent of respondents accusing COVID-19 for the decline. Merchant organizations have alleged Moon's Regime of screwing up the economy and vaccination program, leaving them to pick up the pieces (Borowich, 2021).

Unfortunately, after being made a pilot country in fighting the pandemic, South Korea has stumbled for months with its vaccination program. The country's vaccination rate is at least the lowest in the G20 countries, with only 34.9 percent of its 52 million population having received at least one dose in early August, well below 55 to 70 percent in other developed countries (Rich, Albeck-Ripka, & Inoue, 2021). It means that the Korean government just relied on early success in the pandemic, then miscalculated how urgently South Korea is to secure a vaccine.

Prime Minister Kim Boo-kyum apologized for the disappointment and confusion of the citizens.

He said that the delay in the implementation of the national vaccination program was due to delays in supply. The government remains confident it will be able to meet its goal of vaccinating 36 million people - 70 percent of the population - with at least one injection by the end of September (KBS World, 2021).

Naturally, combating COVID-19 is a continuing endeavor. "Good" mid-term performance does not ensure a response to the great performance unless the Korean government continues to employ an effective agile adaptive approach in close partnership with stakeholders. Additionally, the Korean government's policy attention should be focused on the vaccination program's success and economic recovery from the current crisis.

At the same time, in Indonesia, policy communication between government and ministerial levels was not going well. This was exacerbated by poor coordination between central and local government policies, such as when Jakarta Governor Anies Baswedan proposed a

total lockdown policy, but this was immediately prevented by the central government (The Jakarta Post, 2020).

The vast territory of Indonesia coupled with poor coordination between the central and local governments makes the handling of COVID-19 ineffective. The central government accuses the local government of playing up data on positive COVID-19 patients, while the local government accuses the central government of being inconsistent and often changing policies without prior coordination (Asmorowati, Schubert, & Ningrum, 2020).

One of the causes of poor control of COVID-19 in Indonesia is the lack of transparency data, including national epidemiological statistics. The egocentric and overlapping ownership of data makes it difficult for the central government to integrate and verify COVID-19 data. As a result, data on deaths reported by the central and provincial governments were getting bigger (Tempoco, 2020).

In the midst of a pandemic that is increasingly peaking in the world, the failure of Indonesian government communication has become real. This is exacerbated by the arrest of the minister of social affairs for allegations of corruption in social assistance against residents affected by COVID 19 (Costa, 2021). As noted by Mietzner (2020), this problem of bad handling of COVID by the Indonesian government has resulted in the rising populist anti-scientism, religious conservatism, religio-political polarization, corruption, and clientelism, as well as aggressiveness on the part of anti-democratic actors.

The COVID-19 pandemic has had a severe impact on the economy, economic growth has dropped, which if left unchecked will lead to a prolonged crisis. This is one of the reasons the Government has made institutional changes to deal with the COVID-19 pandemic. Presidential Decree Number 82 of 2020 concerning the Committee for Handling COVID-19 and National

Economic Recovery makes a more complete institution, namely the Committee for Handling COVID-19 and National Economic Recovery (KPC-PEN).

The Task Force was changed to the COVID-19 Handling Task Force under the coordination of KPC-PEN, which is led by the Minister of Economics. This institutional change turned out to have a positive impact, according to the ministry of finance (2021) economic growth in the second quarter of -5.32% in the next quarter could improve to -3.49%.

Although it had a slightly positive impact on the national economy, the establishment of KPC PEN drew criticism. Apart from being considered too focused on the economic sector and subordinating health aspects, KPC PEN is considered to be commodifying vaccines that should be the rights of citizens (detikcom, 2021). Eventually, the discourse on the commercialization of this vaccine was stopped after reaping public criticism.

When the second wave caused by the delta variant reached its peak in July, WHO said Indonesia became the country with the highest number of new coronavirus infections in the world, along with the high number of deaths as of July 18 with 1499 deaths (Reuters, 2021). This has made the government-enforced social distancing policy updates like what Korea has been doing, namely the Implementation of Community Activity Restrictions (PPKM) based on level, such as those depicted in table 4 below.

This strategy is quite effective in suppressing the growth rate of active cases because it can reduce the number of cases by up to 58% in 2 weeks. In an article entitled "*Indonesia has passed 100 million COVID-19 vaccine doses. What can we learn?*", Kahkonen & Aparnaa Somanathan, 2021, explains that Indonesia has successfully handled the pandemic in two very effective ways. Apart from tightening social distancing, Kahkonen explained that Indonesia has succeeded in

Table 4.
The Implementation of Community Activity Restrictions (PPKM) in Indonesia based on level

Classification	Level 1	Level 2	Level 3	Level 4
Definition	Stable	Local Transmission	Regional Transmission	Nationwide Transmission
Decision/Adjustment authorities	Central Government	Central Government	Central Government	Central Government
Criteria	less than 20 confirmed cases, less than 5 treatments, less than one death	confirmed cases between 20-50, treatments between 5-10, deaths of two people	confirmed cases between 50-150, treatments between 10-30, deaths between 2-5	confirmed cases above 150, treatments above 30, and deaths above 5.
Events Assemblies	200+ people only with advance reporting to local authorities	100+ people prohibited	50+ people prohibited	Events prohibited

Source: Ministry of Home Affairs of Republic of Indonesia (2021)

building a perception that rapid vaccination can mitigate the effects of COVID-19 infection. This makes Indonesia able to inject 100 million doses of the corona vaccine to date.

According to Aldilla, et al (2021), there are several factors that support the Indonesian government's strategy for the success of the vaccination program; the first is vaccine diplomacy: the government, through the ministry of foreign affairs, is very active in communicating with friendly countries to get an adequate supply of vaccines, the second is in the campaign stage, the government cooperates with religious leaders so that people believe that vaccines are halal and safe, while the ministry of information is also active and blocks fake news about vaccines. Finally, in the vaccination stage, the government mobilizes the Army and Police as well as the private company to support health workers so that the vaccination program can be accelerated.

Regrettably, Indonesia had problems in the implementation of health protocols. In several regions, discrimination is still encountered; security forces tend to disperse crowds caused by small people, while high-ranking officials or officers who create crowds are rarely prosecuted. Based on a report from the Indonesian Human Rights Commission (2021), implementation for violators of health protocols includes physical

sanctions (such as forcing people to sleep in coffins and push-ups), beatings, and use of water cannons to disperse crowds, and torture.

Moreover, during the pandemic, the military and police often arrest demonstrators under the pretext of social restrictions and health protocols. The Ministry for Women's Empowerment and Child Protection (KemenPPPA) has asked police to refrain from violence while enforcing emergency community activity restrictions (Kompascom, 2021)

In conclusion, these segmental variables combined to form a toxic combination that significantly limited Indonesia's ability to successfully respond to a huge external shock such as COVID-19's impact. It has the effect of decreasing public trust in the government. Most of the respondents or 87.8% surveyed by Charta Politica (2021) show that the level of public satisfaction with the government fell from 65.3 percent in March 2021 to 62.4 percent. It was the improvement of the cabinet's performance that showed their dissatisfaction with the performance, especially in COVID-19 pandemic responses.

Based on the discussions above, the qualitative comparison of communication and coordination between stakeholders can be summarized in Table 5 below.

Table 5.
The Strategies of Communication and Coordination Between Stakeholders

Variables	South Korea	Indonesia
Increase public trust by improving public responses.	Thanks to responsive and precise handling, as well as the credibility (simple, clear, agile, adaptive, humanist, and fair) of its agencies, it succeeded in increasing public trust.	Slow handling, inconsistent rules, and the arrest of the minister of social affairs or corrupting social assistance funds for COVID victims have made public trust decline. In enacting social distancing rule, discrimination is still found; the involvement of security and military forces is also criticized because there are indications of human rights violations. However, it became better after enacting the latest social distancing rules.
Good synergy and coordination among the level of government and line ministries. Collaboration with the private sector and civil society	Clear division of work; Smooth centralized command; and One door and well-directed based on the Prevention and Handling of Infectious Diseases Bill.	Uncoordinated between central and local government thanks to the inconsistent rules; slow and overlapped responses among line ministries.
Invite all stakeholders (private sector and civil society organizations) to collaborate together Communication Strategy in enforcing social distancing rules	Since the beginning of the outbreak, the government has been collaborating with the private sector and civil society, from getting feedback, education on the implementation of health protocols, tracing positive patients, providing personal protective equipment for health workers, masks for the community, and providing information about vaccination program.	Lack of involvement and minimal participation of stakeholders. There are still private sectors that have abused social distancing rules. Stakeholder involvement is quite high during the vaccination program and becoming a significant factor in the success of the program.
Promoting exit strategy and recovery plans	Promote exit strategy and economic recovery but lose momentum because vaccination is slow and less effective in dealing with SMEs.	Miscalculated in promoting exit strategy and economic recovery, and has tended to rush in weakening social distancing under the pretext of the new normal. Finally, it was revised, then again tightened social distancing and boosted vaccinations according to WHO recommendations.

Source: Author's compilation

Conclusion

Based on government communication strategies through the experiences of South Korea and Indonesia during COVID 19 Pandemic, it can be concluded that, practically, public communication plays a significant role in terms of handling the covid 19 pandemic. Moreover, both countries provide us with an understanding of how a country should carry out government communication services. Based on how South Korea's response to COVID 19 can teach other countries, the keys to the response have been clear. The importance of gaining public trust through effective public communication such as aggressive and creative testing and transparency contact tracing; the use of ICTs in campaigning for best practice prevention and reducing misinformation; as well as clear and successful communication

among ministries and local governments as well as stakeholders such as NGOs and the private sectors.

Automatically, it will have a huge impact on the high public trust in the government, and this will also facilitate the government's work in dealing with crises and recovering from post-crisis economic activities. Indeed, we can learn from Indonesia's experience with communication strategies that irresponsible attitudes, bureaucratic incompetence, a lack of transparency, insufficient coordination between lines of government, and unclear policy communication all contribute to the escalation of problems during times of crisis. It takes time to create opportunities for recovery.

This pandemic underscores the need for simple but firm, clear, and non-overlapping regulations to guide the bureaucracy to work

at the central and local levels. In addition, the State must have the capacity to communicate policies. Not only so that the public knows what the government will do or not do but also so that the bureaucracy understands what must be done to implement the policy. In times of crisis such as a pandemic, policy communication is the key to building an adequate risk perception, both for the public and the bureaucracy. Therefore, policy communication must not give ambiguous messages: it must be clear and straightforward.

Eventually, all countries on earth are facing a pandemic without exception. What distinguishes their fate is the capacity of each country to make decisions quickly and save lives. What we need is a stronger and better government capacity to protect its citizens because one life lost is too much to just remember.

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