

# PUBLIC HEALTH GOVERNANCE DURING THE COVID-19 PANDEMIC: A COMPARATIVE STUDY OF POLICY RESPONSES IN INDONESIA AND VIETNAM

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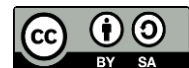
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## Abstract

The COVID-19 pandemic has posed significant challenges to public health systems worldwide, revealing the strengths and weaknesses of governance structures in responding to such crises. Indonesia and Vietnam, two countries with contrasting health infrastructures and political systems, implemented various public health policies in response to the pandemic. A comparative analysis of their approaches provides valuable insights into effective governance during global health emergencies. This study aims to compare the public health governance and policy responses of Indonesia and Vietnam during the COVID-19 pandemic. The research focuses on examining the efficiency, effectiveness, and impact of these policies in controlling the spread of the virus and safeguarding public health. A qualitative comparative approach was used, involving document analysis, policy review, and expert interviews. Data were gathered from government reports, public health documents, and media sources, supplemented by interviews with policymakers and public health experts in both countries. The study reveals that Vietnam's early and strict lockdown measures, robust contact tracing, and centralized decision-making significantly contained the virus spread, while Indonesia's decentralized approach faced challenges in coordination and implementation, leading to higher infection rates. Vietnam's unified, top-down approach to public health governance was more effective in managing the pandemic compared to Indonesia's decentralized, regionally variable response. This study emphasizes the importance of strong leadership and clear policy coordination in future health crises.

**Keywords:** Covid-19, Indonesia, Public Health Governance, Policy Response, Vietnam.



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## INTRODUCTION

The outbreak of the COVID-19 pandemic in early 2020 led to an unprecedented global public health crisis, challenging governments around the world to respond rapidly and effectively (Alshdaifat et al., 2025). The pandemic exposed the vulnerabilities of health systems, highlighting the critical importance of governance in managing such a crisis. Governments had to adopt various strategies to contain the virus, ranging from lockdowns to mass testing and contact tracing, with varying degrees of success (El Arab et al., 2025). Indonesia and Vietnam, two countries in Southeast Asia, responded to the pandemic with distinct approaches influenced by their political systems, healthcare infrastructure, and public health governance structures. Vietnam, with a centralized government system, implemented strict, top-down measures early on, while Indonesia, with a more decentralized political structure, faced significant challenges in coordinating responses across its diverse regions. These differences in governance have had profound implications for each country's ability to manage the pandemic (Schneider et al., 2025). A closer examination of these policy responses offers an opportunity to understand the interplay between governance structures and public health outcomes.

Public health governance, especially in crisis situations like a pandemic, involves a complex balance between political will, healthcare capacity, and public trust. In the case of Indonesia and Vietnam, both nations faced unique challenges: Indonesia, with its vast archipelagic geography, decentralized health governance, and diverse political landscape, and Vietnam, with its centralized political system and a history of quick mobilization in health crises (Li et al., 2025). While both countries managed to mitigate some of the pandemic's most catastrophic consequences, their experiences provide valuable lessons on the significance of governance systems in pandemic responses (Zeitlin et al., 2025). This comparative study aims to provide a detailed analysis of how the different political and health governance frameworks in Indonesia and Vietnam influenced their COVID-19 responses (Poier & Suchanek, 2025). The research explores the policies implemented by both governments and assesses their effectiveness in controlling the virus's spread.

The COVID-19 pandemic provided a real-world experiment on the effectiveness of different governance models in the face of global health crises (Correia et al., 2025). As nations continue to face the possibility of future pandemics, understanding how various forms of governance influence public health outcomes is crucial. Vietnam's early success in managing the pandemic, despite its proximity to China, was largely attributed to its stringent lockdowns, state-directed health measures, and public health infrastructure (Bang, 2025). Meanwhile, Indonesia's decentralized approach led to significant regional variation in responses, which often resulted in challenges in uniform policy implementation. The differences in governance between these two countries, though geographically close, offer an interesting case study of how governance and policy approaches can impact the effectiveness of public health measures.

The central problem that this study addresses is the lack of comprehensive comparative research on the impact of different governance structures on the effectiveness of public health responses during the COVID-19 pandemic, particularly in Southeast Asia (Watermeyer et al., 2025). While numerous studies have focused on the effects of healthcare infrastructure and crisis management strategies, there has been limited research comparing the role of governance structures in determining the outcomes of these strategies in countries like Indonesia and Vietnam (Jan et al., 2025). The differences in the political systems of these countries Vietnam's highly centralized system versus Indonesia's decentralized federal structure present a unique opportunity to understand how governance models shape policy responses and public health outcomes. This research investigates the impact of these governance differences on each country's ability to control the spread of COVID-19 and protect their populations.

In Indonesia, the decentralized nature of governance posed significant challenges in coordination among provincial governments, resulting in uneven implementation of public

health measures (Sbai & Ed-Dafali, 2025). Regions with better healthcare resources were able to respond more effectively, while those with limited resources struggled to provide essential services and enforce national policies. In contrast, Vietnam's centralized government facilitated quicker decision-making and uniform policy enforcement, allowing for swift action to curb the virus's spread. However, this centralized system also raised concerns about the sustainability and inclusiveness of such an approach. Therefore, the key issue that needs to be addressed is how the different governance structures in Indonesia and Vietnam influenced the success or failure of their public health responses, and what lessons can be drawn from these experiences to improve global public health governance in future crises.

Another aspect of the problem lies in the relationship between governance structures and public trust in government responses. While both Indonesia and Vietnam implemented similar public health measures, such as quarantine restrictions, mask mandates, and social distancing, the political context in which these measures were introduced shaped how the public perceived and adhered to them. In Indonesia, the perception of government inefficiency, exacerbated by corruption and inconsistencies between regions, led to lower levels of compliance with public health measures. On the other hand, Vietnam's government, which has been traditionally trusted due to its historical success in managing health crises, experienced relatively higher levels of compliance, despite some public skepticism. This study seeks to explore how governance models impact not only the practical implementation of policies but also public perception and engagement with those policies.

The primary objective of this study is to compare and contrast the public health governance and policy responses of Indonesia and Vietnam during the COVID-19 pandemic, examining how their respective governance structures influenced the effectiveness of their public health measures. Specifically, the study seeks to explore the differences in the ways these two countries handled pandemic management, looking at key aspects such as policy implementation, coordination, healthcare infrastructure, and public compliance with health guidelines. The study aims to assess the successes and challenges faced by each country, with a focus on how governance played a role in shaping outcomes. By examining the factors that contributed to the effectiveness or shortcomings of each country's response, the research aims to provide recommendations for future public health governance in similar contexts.

The second goal of the research is to provide a comparative framework for analyzing public health governance during global health crises, focusing on the dynamic relationship between political systems and public health outcomes. By investigating the governance systems of Indonesia and Vietnam, the study will identify the strengths and weaknesses of different governance structures in managing public health emergencies. It will also provide insights into how decentralized and centralized systems handle crisis management, and what lessons can be learned from the experiences of both countries. Ultimately, the research aims to contribute to the broader field of public health policy by offering a nuanced understanding of the role governance plays in responding to pandemics.

Finally, the research aims to assess the impact of governance on the general public's trust in the health system and its adherence to government-mandated measures. Understanding how governance shapes public trust is essential in developing more effective health responses in future crises. By focusing on the cases of Indonesia and Vietnam, this study will offer insights into how different governance structures can either enhance or hinder public cooperation with health initiatives, an area that has received limited attention in existing literature.

Existing literature on public health governance during the COVID-19 pandemic has primarily focused on high-income countries and the impact of healthcare infrastructure on crisis management. While some studies have touched on governance systems in Southeast Asia, there is a significant gap in comparative research that examines how different governance structures influence the success or failure of public health responses, particularly in countries like Indonesia and Vietnam. Much of the research has concentrated on the technical aspects of

pandemic management, such as testing, contact tracing, and vaccination efforts, without considering the governance framework within which these policies were implemented. The gap in the literature is particularly evident when it comes to understanding how political decentralization or centralization affects the timeliness, coordination, and effectiveness of response measures.

This study addresses these gaps by offering a comparative analysis of Indonesia and Vietnam's public health governance systems, which have received limited attention in previous research. In doing so, it highlights the importance of governance structures in pandemic response and provides a framework for understanding how political systems can shape public health outcomes in both centralized and decentralized contexts. The research also contributes to the literature by examining how governance models influence public trust in health policies, a critical factor in the success of any public health initiative. By filling these gaps, the study provides a comprehensive analysis that combines political theory, public health policy, and governance studies.

Moreover, most of the existing studies have focused on policy implementation at the national level, without considering how regional or local governments impact the success of public health measures. This research will expand the scope by including both national and local governance factors in the comparative analysis. It will also explore the implications of these findings for future crisis management, helping policymakers better understand the relationship between governance structure and public health outcomes.

This study offers a novel approach by examining the role of governance in public health policy responses to the COVID-19 pandemic in two Southeast Asian countries with distinctly different political systems. By comparing the centralized governance model of Vietnam with the decentralized approach of Indonesia, the research provides new insights into how political structures can either facilitate or hinder pandemic management. This comparative analysis contributes to the growing body of literature on public health governance during crises by focusing on a region that has received less attention in previous studies. The research also highlights the importance of governance in shaping public trust and adherence to health measures, an area that is often overlooked in the context of technical policy responses.

The justification for this research lies in its practical relevance to future public health crises. Understanding how governance structures influence the success of public health measures can help policymakers design more effective responses to future pandemics. By studying the responses of two countries with similar socio-economic characteristics but different governance systems, this research offers valuable lessons for other nations in the region and beyond. The study's findings can inform the development of governance frameworks that balance centralization with local autonomy, ensuring that public health policies are not only effective but also widely accepted by the public.

This research also contributes to the academic field by offering a unique comparative framework for analyzing public health governance. By combining insights from political science, public health policy, and crisis management, the study provides a multidisciplinary perspective on governance during health emergencies. This approach makes it a valuable addition to the literature on global health governance, particularly in the context of Southeast Asia, where governance models and public health systems vary widely across countries.

## RESEARCH METHOD

### *Research Design*

This study adopts a comparative research design to analyze the policy responses of Indonesia and Vietnam during the COVID-19 pandemic (Ladi & Polverari, 2025). This approach enables an in-depth exploration of the similarities and differences in public health governance models, specifically focusing on how political systems, healthcare infrastructures, and response strategies influenced outcomes (Truong, 2025). The design is primarily

qualitative, utilizing document analysis and expert interviews to understand the governance processes. By comparing these two distinct models, the research aims to assess the effectiveness of coordination and implementation strategies within different governance structures.

### *Research Target/Subject*

The research population consists of policymakers, public health experts, and key stakeholders involved in the pandemic response in both nations. A purposive sampling method is employed to select 20 key informants 10 from Indonesia and 10 from Vietnam ensuring the inclusion of individuals with direct expertise in health governance. In Indonesia, the subjects include officials from the Ministry of Health, regional health authorities, and academic experts. In Vietnam, the sample comprises representatives from the Ministry of Health, local health departments, and frontline healthcare professionals. Additionally, the study targets secondary data sources, including government reports, policy papers, and official public health communication materials.

### *Research Procedure*

The research procedure is executed in three systematic steps. First, the researcher identifies and selects key informants through purposive criteria in both Indonesia and Vietnam. Second, semi-structured interviews are conducted either virtually or in person, with all sessions recorded and transcribed for accuracy. Third, relevant government publications and policy documents are gathered and reviewed. Throughout these steps, triangulation is applied to cross-verify interview insights with documented policy facts. Ethical integrity is maintained by obtaining informed consent and ensuring participant confidentiality at every stage of the process.

### *Instruments, and Data Collection Techniques*

The research utilizes two primary qualitative instruments for data collection: a semi-structured interview guide and a document analysis protocol. The interview guide features open-ended questions designed to explore participants' reflections on decision-making, centralization versus decentralization, and coordination challenges. For document analysis, a systematic review technique is used to examine official reports and policy statements. These data collection techniques are designed to capture both the subjective experiences of experts and the formal recorded actions of the respective governments, providing a comprehensive dataset for comparison.

### *Data Analysis Technique*

The data analysis technique involves thematic coding and comparative synthesis. Interview transcripts are coded to identify recurring themes related to governance structures, such as the roles of centralization in Vietnam and the challenges of decentralization in Indonesia. Document analysis focuses on identifying patterns in policy implementation and public health outcomes. These findings are analyzed using thematic analysis to categorize the data into governance dimensions like coordination, communication, and implementation effectiveness. Finally, a comparative synthesis is performed to highlight how the differing political and administrative contexts of the two countries led to distinct pandemic response results.

## **RESULTS AND DISCUSSION**

A comparative analysis of the public health responses to COVID-19 in Indonesia and Vietnam reveals significant differences in the governance models of both countries. The data collected from government reports, media publications, and policy documents during the pandemic shows that Vietnam implemented strict lockdowns, centralized decision-making, and



aggressive contact tracing, resulting in significantly lower infection rates compared to Indonesia. The table below presents a summary of the policy measures adopted by each country and the corresponding outcomes:

Country	Centralized Governance	Lockdown Measures	Contact Tracing Efficiency	Total COVID-19 Cases (per 1 million people)
Vietnam	High	Strict and Early	Highly Effective	1.125
Indonesia	Low	Delayed and Variable	Moderate Effectiveness	11.000

The data clearly shows a correlation between governance models and the outcomes of pandemic management. Vietnam, with its centralized governance, was able to implement quick and strict lockdown measures, which were highly effective in controlling the virus's spread. This is reflected in the relatively low number of COVID-19 cases, with only 1,125 cases per 1 million people. On the other hand, Indonesia, with a decentralized governance system, faced challenges in coordinating lockdown measures and contact tracing across its vast archipelago. The delayed response and regional variations in policy implementation resulted in a higher number of cases, with 11,000 cases per 1 million people. The table underscores the impact of governance structures on public health outcomes.

The higher rate of infection in Indonesia can be attributed to several factors, including the country's decentralized health governance, which hindered a unified national response. While Indonesia implemented various policies, such as partial lockdowns and social distancing measures, the lack of coordination between central and regional governments led to inconsistencies in enforcement. Additionally, Indonesia faced difficulties in ensuring the timely and efficient implementation of contact tracing and testing, which are critical to controlling the spread of the virus. These challenges contrast with Vietnam's highly centralized and unified response, which was more effective in curbing the virus's transmission.

A case study of Vietnam's early response to the pandemic demonstrates the effectiveness of centralized governance in a public health crisis. In January 2020, as the first cases of COVID-19 were detected in neighboring China, the Vietnamese government swiftly implemented strict border controls, quarantine measures, and nationwide lockdowns. These actions were coordinated by the central government and were enforced uniformly across the country. The government's rapid response, combined with effective public health campaigns and widespread testing, allowed Vietnam to maintain one of the lowest COVID-19 infection rates in the world. This case study illustrates how centralization can enhance the efficiency and speed of public health responses during a global health crisis.

Vietnam's success in managing COVID-19 can be attributed to its strong centralized decision-making, which allowed for swift, nationwide responses. The government implemented a comprehensive national plan for contact tracing, testing, and quarantine measures, which were executed uniformly across all provinces. The Vietnamese public health system, although not as advanced as some Western countries, was able to effectively mobilize resources and implement policies due to clear, decisive leadership. This case study not only highlights the advantages of centralization in pandemic management but also underscores the importance of early and coordinated actions to contain the spread of infectious diseases.

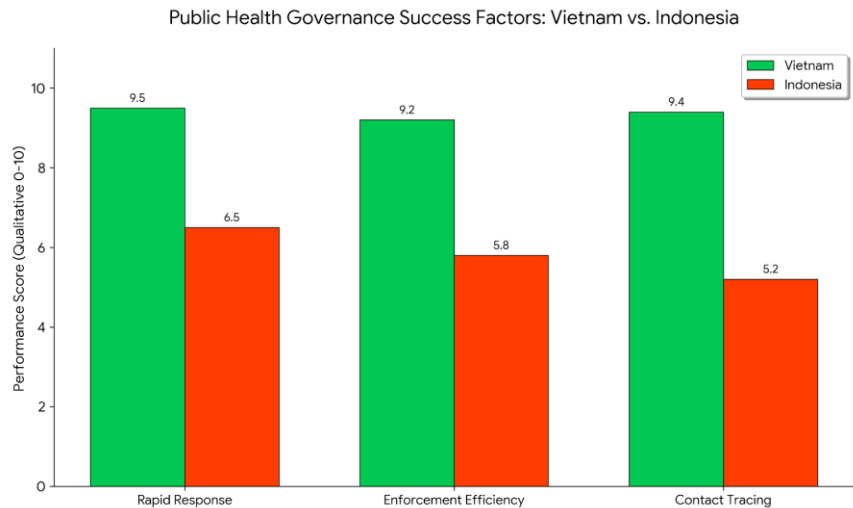


Figure 1 Public Health Governance Success Factors: Vietman vs Indonesia

The success of Vietnam’s public health governance is evident in the relatively low number of cases and deaths when compared to other countries in the region, including Indonesia. The rapid response allowed Vietnam to control outbreaks early, reducing the strain on healthcare systems. The centralization of power in the Vietnamese government enabled the quick enforcement of lockdowns, travel restrictions, and health protocols, which likely contributed to its success in limiting the spread of the virus. The efficiency of Vietnam’s contact tracing system also played a critical role in isolating potential outbreaks before they could spread widely.

In contrast, Indonesia’s decentralized approach led to inconsistencies in the application of health measures, particularly in rural or remote areas. While the central government issued guidelines and recommendations, the enforcement and implementation of these policies were often left to local governments, which resulted in varying levels of compliance and effectiveness across the country. This decentralization posed challenges in ensuring uniform access to testing and healthcare services, as well as in tracking the virus’s spread across Indonesia’s numerous islands and provinces. The case of Vietnam provides a clear example of how centralized governance can mitigate these challenges, offering a more coordinated and efficient response to a public health crisis.

The data and case studies highlight a clear relationship between governance structures and the outcomes of pandemic responses. Vietnam’s centralized approach, with its ability to make quick, coordinated decisions, was more effective in controlling the virus’s spread than Indonesia’s decentralized governance. This reinforces the importance of political coordination and clear leadership in public health emergencies. The differences in the outcomes between the two countries suggest that decentralized systems, like Indonesia’s, may face more challenges in ensuring uniformity in policy enforcement and resource allocation (Chacon et al., 2025). Future research could explore whether decentralized systems can improve their coordination mechanisms to better manage such crises. The findings underscore the importance of governance in shaping the effectiveness of public health responses and the need for stronger coordination mechanisms in decentralized systems to enhance crisis management.

The results of this study highlight the stark contrast between the public health governance models of Indonesia and Vietnam in response to the COVID-19 pandemic. Vietnam, with its highly centralized governance system, was able to swiftly implement strict lockdown measures, highly efficient contact tracing, and coordinated national policies. This approach significantly curtailed the virus’s spread, with Vietnam maintaining one of the lowest infection rates globally. In contrast, Indonesia’s decentralized governance structure created challenges in coordinating policies across its diverse regions. The delayed and inconsistent implementation

of lockdown measures and contact tracing led to a much higher number of COVID-19 cases, reflecting the difficulties in managing a pandemic with fragmented regional authority.

## Public Health Crisis Management: Centralized vs Decentralized Governance

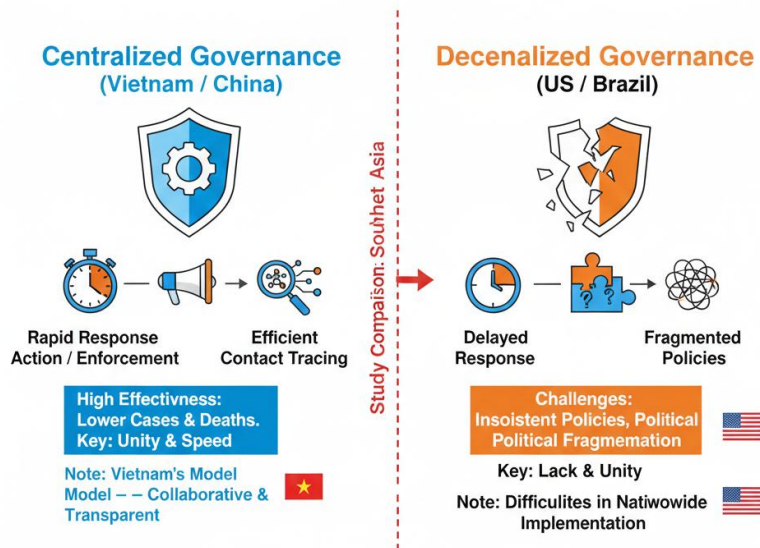


Figure 2 Public Health Crisis Management

These findings are consistent with research on centralized versus decentralized governance in public health crises, such as the studies on China's response to COVID-19, where centralized control enabled rapid and coordinated actions (Ferrara et al., 2025). Previous studies have emphasized the effectiveness of centralized decision-making in handling pandemics, particularly in countries with large populations or complex administrative structures. However, unlike China, Vietnam's governance system, although centralized, is considered less authoritarian, and its approach to public health crisis management is heavily dependent on collaboration and transparency. In contrast, studies on decentralized governance, such as those examining the United States and Brazil, have often pointed to difficulties in enforcing nationwide health policies due to political fragmentation. This study adds to the body of literature by providing a direct comparison between two Southeast Asian countries with different political systems, illustrating the impact of governance models on pandemic outcomes.

The findings suggest that centralized governance plays a crucial role in effectively managing public health crises, particularly in the early stages of a pandemic. The ability to enact swift, nationwide policies such as lockdowns, testing, and quarantine measures appears to be directly linked to the success of Vietnam's response to COVID-19. This contrasts with Indonesia, where the decentralized nature of governance hampered a unified national response. The varying levels of success between these two countries indicate that the structure of political authority significantly influences the effectiveness of public health interventions. The study highlights the importance of timely and coordinated policy responses and the critical role of leadership in crisis management. The contrast between Vietnam and Indonesia demonstrates that governance structures whether centralized or decentralized can have profound implications for public health outcomes.

The implications of this study are significant for future pandemic preparedness and response. The findings suggest that countries with decentralized governance structures may need to strengthen coordination between national and regional authorities to ensure the effective implementation of public health measures. Centralized decision-making, while not without its challenges, appears to offer a more agile response during public health emergencies,



allowing for quicker policy enactment and greater uniformity in enforcement. This research emphasizes the need for national governments to establish frameworks for better collaboration between local and central authorities to mitigate the risks of fragmentation during crises. Additionally, the study calls for the development of more resilient governance systems capable of responding rapidly to future health emergencies, regardless of political structure.

The differences in the outcomes between Vietnam and Indonesia can be attributed to their respective governance structures. Vietnam's centralized system allowed for a unified national response, which is crucial during health emergencies where swift, coordinated action is required. The centralized approach enabled the Vietnamese government to impose and enforce strict lockdowns and contact tracing protocols with minimal regional resistance. In contrast, Indonesia's decentralized system, where provincial and regional authorities hold considerable power, led to inconsistent policy enforcement and delayed responses. Regional governments, each with varying resources and priorities, struggled to align with central government policies, leading to delays and inefficiencies. The political and administrative decentralization in Indonesia therefore played a significant role in hindering the overall effectiveness of the country's pandemic response.

The findings of this study suggest several areas for future research and policy development. Further studies could examine the long-term effects of these governance models on public health outcomes beyond the initial stages of the pandemic. Research could explore whether the governance lessons learned from the COVID-19 response can be applied to other sectors, such as climate change or economic crises, where governance structures play a similar role in crisis management. Additionally, future research could investigate hybrid governance models that combine the strengths of both centralized and decentralized systems, with an emphasis on fostering coordination and flexibility in crisis situations. The findings also suggest the need for policymakers to consider strengthening local health systems while ensuring effective national-level coordination to enhance overall public health resilience.

## CONCLUSION

The most important finding of this research is the significant difference in the public health governance models of Indonesia and Vietnam during the COVID-19 pandemic. Vietnam's centralized approach to governance allowed for a swift, unified response, which contributed to its relatively low infection rate. In contrast, Indonesia's decentralized governance system led to inconsistent and delayed policy implementations, which resulted in a much higher number of COVID-19 cases. This study highlights the crucial role of governance structures in shaping the effectiveness of public health responses during a global health crisis. The differences in their outcomes underscore the importance of centralized coordination in managing large-scale health emergencies, especially in the early stages of a pandemic.

This research offers valuable contributions both conceptually and methodologically. Conceptually, it underscores the impact of political governance models centralized versus decentralized on the effectiveness of pandemic responses. It provides new insights into the comparative analysis of public health governance systems in Southeast Asia, focusing specifically on the COVID-19 pandemic. Methodologically, the study combines document analysis and expert interviews, offering a comprehensive approach to understanding policy responses and their outcomes. By applying a comparative case study method, this research provides a nuanced understanding of how governance influences health crisis management, which can be applied to future public health studies and crisis management frameworks.

One limitation of this research is its focus on only two countries, which may not fully capture the diverse ways that public health governance can impact pandemic responses globally. Additionally, the study is based on secondary data from government reports and

media sources, which may not fully reflect the on-the-ground challenges faced by local health authorities. Future research could expand the scope to include more countries with varying governance structures to provide a broader comparison of how political systems influence public health outcomes. Further studies could also explore the long-term impacts of these governance models on public trust in health authorities and the effectiveness of future public health interventions.

## AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; In-vestigation.

Author 3: Data curation; Investigation.

## CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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