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The complexity of policy making in pandemic crisis: Harmonizing national policy with global prevention pandemic policy

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***Abstract*---**The purpose of this paper is to investigate the complexity of policy making in the pandemic crisis in the current situation. How do the all countries make "trial and error" policy model in dealing with the dynamic changing environment. The administrative state's exclusive ability to guide and manage public policy and administration is increasingly being challenged in both developing and developed countries. The research approach is content review of official documents and online news from each continent, which is defined by a few nations, in order to get a broad image of how complicated policymaking is. This call identifies a slew of regional and global governance actors with sway over state administrative and policy decisions. The findings are there has been a proliferation of institutional procedures and policy-making mechanisms and beyond but frequently conflicting with conventional state policy processes of the government policy delivery. Upcoming Events Formal and informal institutions and actors, often in conjunction with national public administrations, but more often on their own, are at the heart of these policy processes. Multi-stakeholder ventures, global public-private partnerships, and global commissions are all examples of this. Despite the fact that the regional pattern of policy action will differ, global policy formulation and distribution have a significant impact. In more distinct areas, implementation may take place at the (trans)national or local level. As a result, our use of the word "transnational administration" is appropriate in cross-border and co-jurisdictional issue contexts. The ability of public sector hierarchies to globalize has also been a focus of modern public administration and politics research. As a result, we are contributing to the accessible and useful literature on comparative policy research by nature and methodological guidance. The Disproportional Policy theory provides a

useful mechanism for assessing the degree of variation of transmission. We've calculated the extent of government policy response as alleged proportional distance from the capability of the country Health services to deal with the pandemic.

***Keywords*---**the complexity of policy making, policy capacity, transnational administration, COVID-19.

Introduction

In general, studies on government policy policies in tackling the COVID-19 pandemic can be divided into five approaches. The first approach is to focus on competencies and resources (Woo, 2020: & Moon, 2020). The second approach focuses on the country's politics and government systems (Capano, 2020: Rocco, 2020: & Migone, 2020 :). The third approach focuses on community capacity, namely the capacity related to behavior, norms and social structures that exist in society (Hartley, 2020: Pierre, 2020: & Maor, 2020). The sector approach is what determines the interaction between the public and social actors (Bakir, 2020). The fifth approach focuses on crisis management capacity and legitimacy (Christensen & Lægreid, 2020), and the last is a mixed approach, namely centralized leadership, bureaucratic mobilization, and memory of the right policy mix from previous crises (Mei, 2020).

Referring to the five approaches mentioned above, it is interesting to analyze the complexity of policy making in the current COVID-19 pandemic crisis situation using a Media Content Analysis approach. This research is intended to complement or discover new things from previous studies related to the capacity of government policies in tackling COVID-19. Thus, this study will analyze the capacity of state-level policy organizations in tackling the COVID-19 epidemic in a more thorough and in-depth manner, in this case the complexity of policy making in a pandemic crisis: harmonizing national policies with global pandemic prevention policies. The aim of this study is to supplement or add to previous research on government policies in different countries in response to the COVID-19 pandemic. As a result, the focus of this study will be on how governments in various countries match their domestic policies with global policies. The issue of policy harmony is how each country's particular strengths and challenges must be balanced with global policies. This is possible because research approach focuses on the most important message (Neuendorf, 2002). It is hoped that, as a well-established research methodology (Macnamara, 2003), media content analysis would be able to provide a good picture of the complexities of policymaking in times of crisis, with a focus on harmonizing national and global policies in the face of pandemics.

Literature Review

Policy Capacity

Policy capacity is a strategy for incorporating relevant information into policymaking (Parsons 2004; Peters 1996). Policy capacity is also described as the

government's ability to make informed decisions (Painter & Pierre 2005). In addition, policy capability must include the government's ability to effectively execute and decide on the desired course of action (Davis, 2000). Policy capability is responsible for weighing and assessing the consequences of various policy options (Bakvis, 2000). Policy capability is also used to assess the climate and set strategic goals (Howlett & Lindquist 2004; Savoie 2003). Policy capacity is characterized at the meta-level as the role of modern government weaving, or the ability to bring together disparate organizations and interests to form a coherent policy framework (Parsons, 2004). In addition, systemic and institutional prerequisites in policy formulation must be focused on good governance, which includes integrity, rule of law, service appointment, confidence, and social legitimacy, all of which are important components of policy power (Holmberg 2012; Rothstein 2012; Wu, 2017)

Capacity Building in Organizational Institutions

Wu et al. (2015) present a conceptual framework for assessing and evaluating policy capability in their paper "Policy capacity: A conceptual framework for understanding policy competences and capabilities." This ability encompasses the skills and abilities required for policymaking. For policy performance, competencies are divided into three categories: analytical, organizational, and political. Since policy failures are often caused by a lack of attention to elements of policy capability, policy capabilities are evaluated at the human, organizational, and system levels (Katsonis, 2019). The three scientists came up with a concept that includes three sets of skills and competencies, as well as three levels of resources and capabilities. This model's description is broad enough to include all facets of policy capability, and it helps us to see similarities and differences clearly and simply (Wu et al., 2015). As a result, when opposed to previous methods, superior operationalization of ideas that can be put into practice is possible.

The above model's nested logic incorporates several important advances from previous attempts to assess policy capability. First, policy ability encompasses all policy processes, including agenda setting, formulation, decision making, execution, and assessment, and is not limited to particular roles, phases, or tasks in the policy process. Second, this definition goes beyond considering government capacity by recognizing that numerous organisations, such as political parties, non-governmental organizations, private corporations, and foreign organizations, as well as various government agencies, are active in the policy process, and therefore their capacity affects government capacity to function. Third, the nested model taxonomy permits capability analysis in which system-level resources influence organizational resources and vice versa, just as organizational and individual-level resources do (Wu et al., 2015).

The Complexity of Policy Making in Different Countries in a Pandemic Crisis Covid-19

Using a policy capacity approach (May, 2020) states the consistency and effectiveness of the Chinese government in tackling the COVID-19 pandemic based on mixed policies and a centralized model decision-making style

implemented by the Chinese government. China's success is also supported by preparedness in dealing with crises with a good health system and infrastructure, capable resources, good fiscal conditions and stable political conditions. China's success is also inseparable from the experience they have in handling similar cases, namely SARS-CoV-1, H1N1 and MERS. Similar conditions also occur in South Korea (Lee et al., 2020) and Singapore (Woo, 2020) where the success in controlling the spread of the virus and its impact is supported by effective policies, good health care systems and infrastructure and past experiences.

In contrast to China, South Korea and Singapore, (Hartley & Jarvis, 2020) stated that success in overcoming the COVID-19 crisis is not always related to the capacity of government policies. The political situation in Hong Kong at the time of the pandemic was very bad due to clashes between demonstrators and the government, this riot was triggered by problems involving the territory between Hong Kong and China. Hartley offers a new alternative in policy capacity building which he calls the community capacity approach, where Hong Kong's success in overcoming the crisis is based more on the social structure and behavior of the Hong Kong society. The conditions that occur in Hong Kong are similar to what happened in Israel, (Maor et al., 2020) mentioning the political chaos currently occurring in Israel has not completely disrupted their efforts to overcome the crisis. Evidently, Israel has succeeded in handling the COVID-19 crisis because of the permissive attitude of citizens to the case that befell Prime Minister Benyamin Netanyahu. The permissive attitude of Israelis is put to good use by Netanyahu even though at the same time many parties doubt the capacity of the Israeli government in tackling COVID-19 (Maor et al., 2020).

Meanwhile, in Italy, using a characteristic approach to policy and political systems (Capano et al., 2020), the Italian government's policy capacity in tackling the COVID-19 pandemic looks bad and messy. Capano said that the 2001 Italian model of regionalism had a significant effect on health policy because changes to the Italian health system had become quite decentralized. The inability of the United States to address the COVID-19 crisis demonstrates the weakness of cooperation between governments and government departments, as well as the need to overhaul the health-care system in the United States (Rocco et al., 2020). Decentralized policy setting in the United States impacts not only the execution of discretionary emergency policies, but also automatic stabilization services such as unemployment benefits, health assistance, and supplemental nutrition assistance programs, according to Rocco.

The success in dealing with the COVID-19 crisis in Turkey is precisely triggered by existential factors in the Turkish leadership model, which is referred to by (Bakir, 2020) as the presidentialization of the bureaucracy and the executive presidentialization. This model of policy making is able to eliminate being vetoed or being opposed, as is the case in countries that adhere to parliamentary systems. The complexity of policy making, such as in Italy and the United States, also occurs in Canada, but this applies only in normal situations, not in crisis conditions. Behind the success of the Canadian government in its efforts to overcome the COVID-19 crisis, the Canadian government has a privilege which (Migone, 2020a) is called a Political Trust, and this political trust is supported by a good health service and infrastructure system, as well as a strong financial

condition. thus enabling the Canadian government to respond to the COVID-19 crisis quickly and effectively.

Methods

Research on the complexity of policy making in this pandemic crisis uses a descriptive qualitative approach. The research method used is content analysis of official documents and online news from each continent represented by several countries to get a bigger picture of the complexity of policy making. Content analysis is a systematic technique for analyzing a message or a tool to observe and analyze the open content of communication behavior of selected communicators (Kriyantono, 2012). The data obtained were processed using the Nvivo 12 plus software based on the number of coding references and data obtained from the policy complexity document in coding cases, case classification and accelerated with the features of the Nvivo 12 plus software project map tools. The content analysis approach is a step taken to obtain information and content from the text conveyed in the form of symbols. This content analysis approach can be used in all forms of communication, whether newspapers, radio news, television news or other forms of documents. Data analysis using descriptive qualitative analysis based on disproportional policy theory (Low and Cowton, 2004) provides a useful mechanism for assessing the degree of variation in transmission. We have calculated the extent of the government's policy response as a supposedly proportionate distance from the ability of the country's health services to deal with the pandemic.

Results

Institutional processes in decision-making systems have evolved, but they often clash with the government's traditional state policy method. Behind this policy mechanism is an organisation made up of formal and informal players that works in tandem with, though not always with, the national government. These initiatives include multi-stakeholder initiatives, global public-private partnerships, and global commissions. The formulation or distribution of global policies is important, regardless of the regional trends of policy action. In a more diverse region, implementation will take place at the (trans)national or local level. Or, to put it another way, in the form of issues that span boundaries and jurisdictions. As a result, the word "transnational administration" is used in this report.

World health organizations (WHO) policies and recomendations

The World Health Organization (WHO) issued a warning in 2019 about the real danger of a rapidly spreading pandemic caused by deadly respiratory pathogens. WHO predicted that political leadership would be needed, which would be decided at both the national and global levels. In addition, WHO proposes seven immediate steps to help the world plan for health emergencies (WHO, 2020). First and foremost, the government's leader must be dedicated and invest. Second, states and regional bodies must set a precedent for others to follow. Third, all countries must work together to create a strong structure. The four nations, as well as donors and multilateral organizations, must be prepared for the worst-

case scenario. Fifth, financial institutions must link preparedness to risk management. Sixth, funders of development assistance must establish incentives and raise preparedness funding. Seventh, the UN's coordination system needs to be strengthened (WHO, 2020).

WHO released strategic preparedness steps and a response plan a month after the first transmission of the new form of Corona Virus was discovered in China's Wuhan Province. The steps were announced just two days after the first findings of restricted human-to-human transmission outside of China were made public. The European Commission came to an agreement this time and told the Director General that the outbreak was an International Public Health Emergency (PHEIC). The latest corona virus outbreak (2019-nCoV) was deemed a PHEIC by the Director General, who endorsed the recommendation (WHO, 2020). WHO recommends that authorities adopt and change population-level distances, enforce social controls, and strengthen public health and health structures in countries or subnational areas where community transmission has occurred or is at risk of entering this process of an epidemic to minimize exposure and suppress transmission.

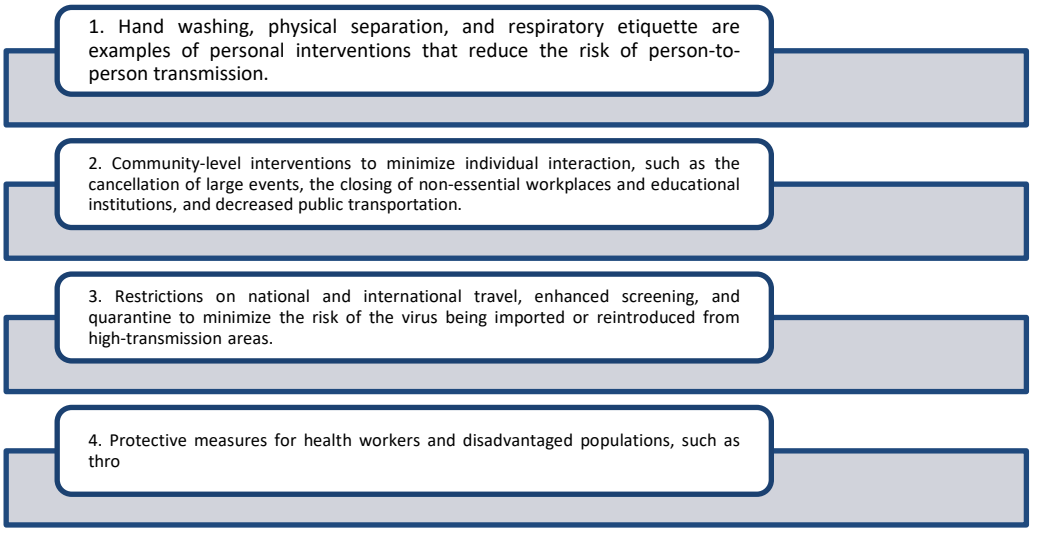

Figure 1.1. Suppressing community transmission
Source: WHO, 2020

The World Health Organizations (WHO) released a paper in April 2020 containing 16 recommendations for strengthening the European Region's health system response to COVID-19, including breaking the chain of transmission, diagnosing and treating cases while ensuring critical public services. These guidelines are focused on current approaches in response to COVID-19 at the regional and global levels, and they represent COVID-19's characteristics, practice based on established knowledge and evidence in health system organization and financing (WHO, 2020).

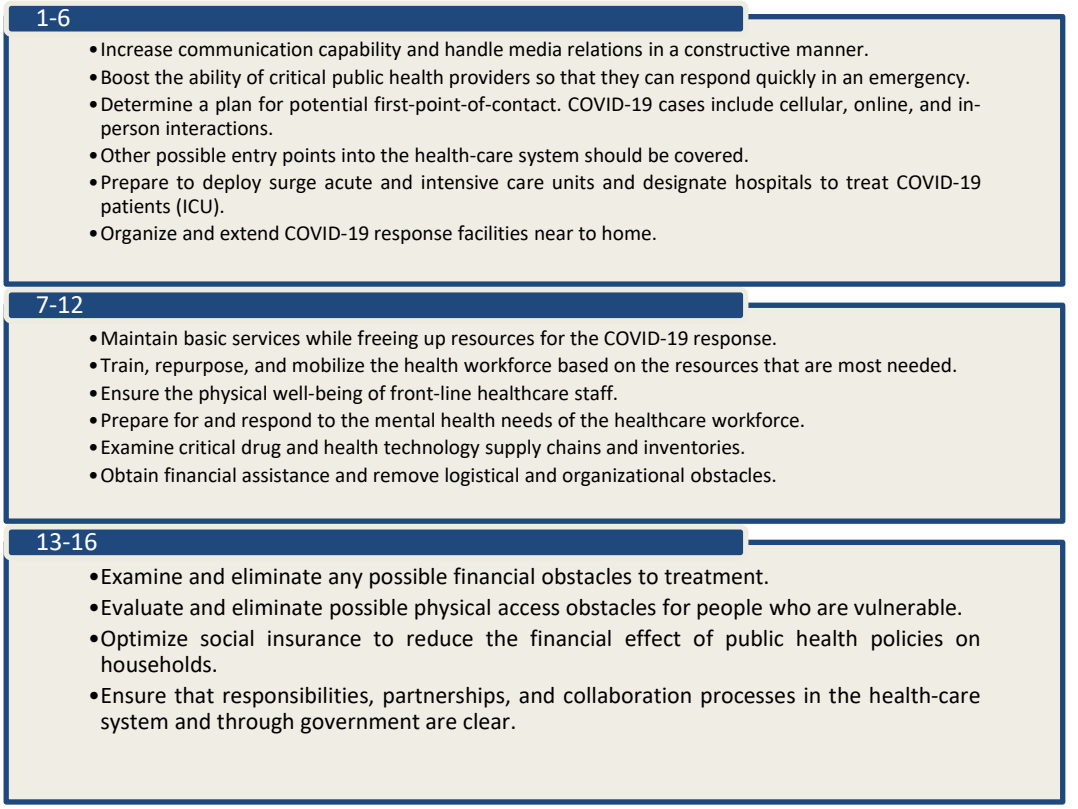

Figure 1.2. Summary of 16 health system recommendations to respond to COVID-19
Source: WHO, 2020

Furthermore, WHO provided strategic advice in the form of in-depth realistic policy recommendations to improve the health system's response to COVID-19, which included relevant practices in developing countries.

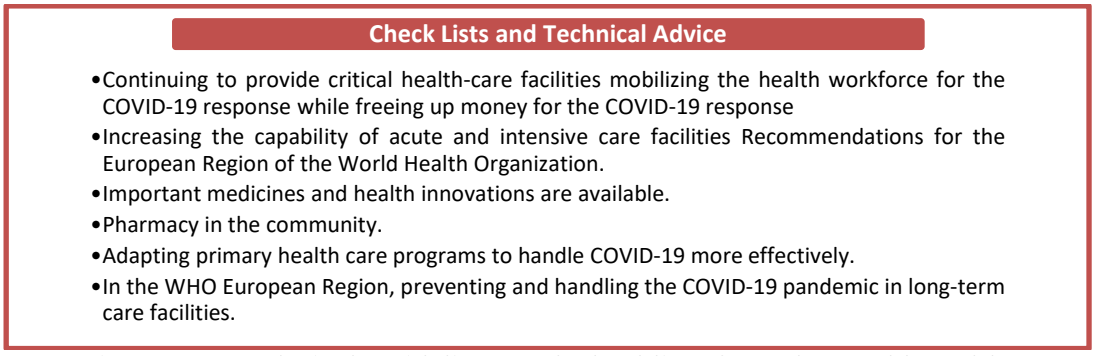

Figure 1.3. Technical Guidelines and Checklists from the World Health Organization (WHO)
Source: WHO, 2020

Harmonizing National Policy with Global Prevention Pandemic Policy

In major East Asian countries like China, Australia, and Japan, tentative changes toward normalcy were observed in February, while severe restrictions remained in place in countries like South Korea, Indonesia, and Hong Kong SAR. Many countries have resorted to snap lockdowns of five days to two weeks in an effort to contain outbreaks while maintaining regular business operations, though such lockdowns are often extended beyond the scheduled time span. Several countries have also begun vaccination campaigns and attempted to open schools and workplaces (OxCGRT, 2020). In February, a number of countries, including Austria, Denmark, the Slovak Republic, and Slovenia, reopened their schools. School closures have been implemented in Italy, Poland, Turkey, and Ukraine as a result of a spike in COVID-19 incidents. Workplace closure measures that have been implemented in the country have shown similar changes. Many Latin American and Caribbean countries reopened their schools in February with a mix of in-person and online teaching, dubbed "hybrid" or "blended" learning. Bolivian schools reopened on February 1, while Costa Rican and Trinidadian schools reopened on February 8 (OxCGRT, 2020).

School closures

Following a five-day snap lockdown from February 12 to 17, restrictions in Victoria have been steadily eased. In Victoria, schools must adopt a staff density quotient, but masks are no longer needed. Western Australia's schools reopened on February 14th (OxCGRT, 2020). On February 22, all public and private schools in the provinces of Phnom Penh and Kandal in Cambodia were closed for two weeks. Schools and universities across China are resuming classes in late February and early March, despite the country's tight security measures (Hale et al., 2020).

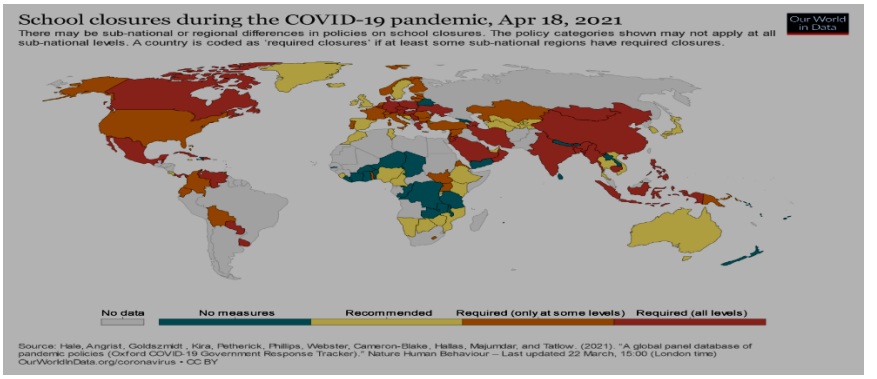

Figure 1.3. School closures
Source: OxCGRT (Oxford COVID-19 Government Response Tracker Regional report -East Asia and Pacific, 2020)

In the Hong Kong Special Administrative Region, the government declared on 3 February that most face-to-face classes and school events will be suspended following the Chinese New Year Holidays. In Indonesia, some schools have opened, but they are reverting to online learning due to regional government

regulations, determining whether or not an epidemic has been observed (OxCGRT, 2020). Due to Level 2.5 restrictions in South Korea, schools in the Greater Seoul area remain closed. New Zealand: there has been no school cap since mid-February. The status was previously changed from Alert 3 to 1 due to the improvement of the situation (Hale et al., 2020). With young students returning to school, daycare centers and elementary schools opened in Germany on February 22nd, taking the total number of daycare centers and elementary schools to 12 in 16 states. School closures in several Italian regions, mainly in Umbria, Puglia, and Lombardy, have been extended until March. Since February 15th, all schooling and training programs for public schools in Turkey have been forced to switch to distance learning. (OxCGRT, 2020).

In Argentina, several schools remained closed, but children were expected to return to class safely for the 2021 school year. Bolivia's school year began on February 1st, with different learning schedules and blended learning options depending on the epidemiological situation in each area (OxCGRT, 2020). Face-to-face training has been suspended in public and private colleges, technical programs, and universities in Paraná, Brazil, until March 8th. Piau schools will only provide remote learning from February 24 to March 7 (Hale et al., 2020). All in-person classes for all students in Iraq were cancelled on February 18th, with the exception of senior medical students, until March 4th. Schools in Israel started reopening on February 11th, based on regional risk rankings. On February 7, students in Jordan from kindergarten to third grade, as well as students in the twelfth grade, were allowed to attend in-person classes (OxCGRT, 2020). Schools in Libya reopened this month after precautionary steps were put in place. On the 27th of February, it was reported that schools in the West Bank, Palestine, except high schools, will be closed for 12 days (Hale et al., 2020).

Angola's government reopened primary schools on February 10th after an eleven-month closure. With the exception of classes taking external tests, all schools and colleges in Lesotho are closed. As of February 22nd, all Malawian schools have reopened. After a long time of closure , Sudanese schools have reopened (OxCGRT, 2020). Beginning February 2nd, Somalia's schools and universities will be closed for two weeks. South African schools reopened on February 15th after delays caused by the new COVID-19 edition. As of February 1st, schools in Zambia have reopened (Hale et al., 2020).

Work place closing

In Western Australia, all companies reopened on February 14th. On the 17th of February, all businesses in Victoria reopened. In New South Wales, nightclubs are also illegal to operate. Cinemas in Brunei are only permitted to operate at 80% capacity. Restaurants and cafés are available for business. As a result of a new outbreak on February 20, Cambodian authorities closed some enterprises, offices, and schools (OxCGRT, 2020). All mainland Chinese areas are considered low-risk as of February 22nd. Businesses are not required to close by the federal government. Local governments in some cities in China, such as Harbin and Shijiazhuang, have ordered that businesses in traditionally high/mid-risk areas, such as cinemas, libraries, restaurants, and gyms, remain closed until further

notice. In Guam Almost all companies are operating at around 50% capacity as of February 24th (Hale et al., 2020).

Workplaces in Sweden will reopen as of February 8th, but with a few restrictions. However, due to public meetings laws, workplaces with more than 8 people are required to close (OxCGRT, 2020). Movie theaters, soccer fields, coffee shops, Turkish pools, and a variety of other businesses are all closed in Turkey as of February 14th. Non-food markets and restaurants, shopping centers, and entertainment outlets in Ukraine have been forced to close as of February 26 (Hale et al., 2020). On February 8, restrictions in Puerto Rico were loosened marginally to allow for up to 50% capacity in commercial establishments, with the exception of restaurants, which stayed at 30%. Starting on February 24, business restrictions in Suriname were marginally relaxed, with outdoor dining becoming available and restaurant hours for take-out or delivery of food being extended to 21:00 and 23:00, respectively (OxCGRT, 2020). Non-essential businesses were permitted to operate electronically, by delivery or take-out until February 14 in Brazil, following a relaxation of restrictions in Amazonas on February 8. Only critical businesses are permitted to operate in Piau until March 7, according to a new decree that went into effect on February 24 (Hale et al., 2020).

Some Israeli businesses were allowed to reopen on February 7. Jordan's tourism industry has reopened with limited capacity, including hotels, cafes, restaurants, and churches (OxCGRT, 2020). On February 7th, some Kuwaiti businesses, such as health clubs, salons, barber shops, and spas, were forced to close. On February 8th, grocery stores and pharmacies in Lebanon were able to reopen with shortened hours. Restaurants were given permission to reopen for take-out orders (Hale et al., 2020). Rwanda's government eased the country's second lockout on February 8, allowing companies in the capital, Kigali, to reopen with vital jobs, but only up to 30% of the workforce (OxCGRT, 2020). On February 22, non-essential businesses that attract large crowds, such as bars and clubs, are closed in South Sudan. On February 22, non-essential businesses in Seychelles, such as bars and restaurants, were forced to close. Businesses in Senegal were permitted to operate on February 25 thus adhering to social distancing measures and wearing face coverings (Hale et al., 2020).

Cancellation of public events

Following the relaxation of restrictions on February 26, indoor and outdoor seated entertainment venues in Victoria, Australia, will now be able to fill up to 75% of their seating capacity, with a maximum of 1000 people per bed (OxCGRT, 2020). No more than 50 people are allowed to congregate outside in a public area in New South Wales, which includes public parks, reserves, beaches, public gardens, and public spaces. A maximum of 300 people will attend a wedding or funeral (Hale et al., 2020).

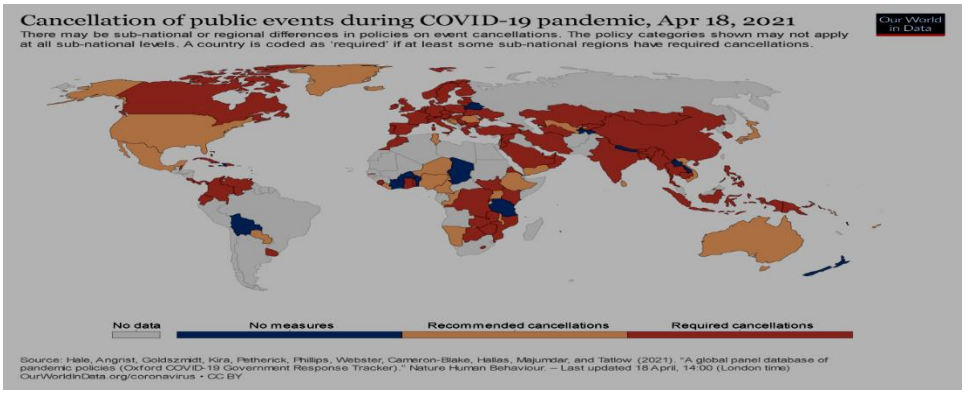

Figure 1.4. Cancellation of public events
Source: OxCGRT (Oxford COVID-19 Government Response Tracker Regional report -East Asia and Pacific, 2020)

Public events in Cambodia have been postponed: the Khmer New Year, which usually falls in April, has been rescheduled for August 17th-21st (OxCGRT, 2020). Tonghua, China's last high/mid-risk market, was downgraded to low-risk on February 22. There are no limits on public activities imposed by the central government. Some local governments, such as those in Harbin and Shijiazhuang, however, continue to ban public exhibitions in previously high/mid-risk areas (Hale et al., 2020). The ban on group meetings with more than two people in public places will be in force in Hong Kong SAR from the 4th to the 17th of February (OxCGRT, 2020). In Japan, activities with a maximum attendance of 5000 people are still permitted under national guidelines. In South Korea, the Greater Seoul region was downgraded from Level 2.5 to Level 2 restrictions. Level 2 prohibits gatherings of more than 100 people, while level 2.5 prohibits gatherings of more than 50 people (Hale et al., 2020).

Since February 22, indoor public activities with more than six participants have been prohibited in Helsinki and the Uusimaa Hospital District in Finland. San Marino's cinemas and theaters were permitted to reopen in February (OxCGRT, 2020). As of February 8th, the Slovak Republic has adopted a traffic light system. If the municipality is in the "black process," all public events are forbidden. Since February 26, public activities in Ukraine's Ivano-Frankivsk area have been prohibited (Hale et al., 2020). During Dominica's carnival weekend, all public events were prohibited (13 February - 16 February). Public events were permitted to resume after the carnival weekend as long as they complied with public health guidelines (OxCGRT, 2020). On February 11, all in-person religious activities in Bahrain were suspended for at least two weeks. A regulation that went into force on February 21 in Israel states that activities are only permitted for green pass holders with capacity limits and organiser guidelines. On February 1st, Jordan's public pools and gyms reopened (Hale et al., 2020). As of February 1st, funerals, weddings, concerts, and theatrical performances are forbidden in Ghana. On February 22nd, Somalia's government made public meetings illegal (OxCGRT, 2020). As of February 22, social gatherings such as sporting events, weddings, and funerals are banned in South Sudan. On February 16th, indoor venues such

as cinemas, theatres, libraries, galleries, and conferencing facilities in South Africa opened with 50-person quotas (Hale et al., 2020).

Restrictions on gatherings

From the 26th of February, you can have up to 30 visitors a day at your home in Victoria, Australia. Private gatherings in China are no longer restricted by the central government as of February 22. The limit on public gatherings in Hong Kong SAR has been raised from two to four people as of February 24 (OxCGRT, 2020). Gatherings of more than three people are prohibited in PSBB-restricted areas in Indonesia. The PSBB limitations, which were supposed to end on February 22nd, have been extended. A national ban on social gatherings of more than 5 people remains in place in South Korea. In the Philippine Islands to fight the coronavirus outbreak, the government has implemented non-pharmaceutical steps such as school closures, community quarantines, and the postponement of large-scale public events. Social gatherings in Singapore will be allowed to have up to 8 members, up from the current cap of 5. A household may have up to 8 guests at any given time (Hale et al., 2020).

As of 1 February, the outdoor gathering cap in Harju and Ida-Viru, Estonia, has been raised from 10 to 500 people. On February 3rd, the same laws were extended to the entire world (OxCGRT, 2020). On the 9th of February, Aruba made it illegal for more than four people to be in public at the same time. In Barbados, starting on February 3rd, no more than two people were allowed to exercise together. Outside the curtilage of a home, gatherings of more than 5 people from separate households and more than 8 people from the same household were also forbidden (Hale et al., 2020). From the 18th of February to the 4th of March, gatherings are banned in Iraq. The number of guests allowed at a meeting in Israel was increased to 10 indoors and 20 outdoors on February 19th (OxCGRT, 2020). Social gatherings, such as weddings, receptions, desert camping, and public and private diwaniyas, are banned in Kuwait from 7 February to at least 7 March. From the 4th of February, all activities and large gatherings were prohibited in Saudi Arabia for the next 30 days, with the maximum gathering size limited to 20 participants (Hale et al., 2020). On the 7th of February, Dubai, United Arab Emirates, placed restrictions on gatherings, which are now banned in the capital city. Marriage ceremonies and family celebrations will be limited to a maximum of ten guests (OxCGRT, 2020). Private burials in Ghana are restricted to no more than 25 people starting on February 1st. The government of South Sudan banned all social gatherings, including churches and mosques, on February 22 (Hale et al., 2020).

Close public transport

Tonghua, China's last high/mid-risk area, was downgraded to low-risk on February 22. With strict safety measures in place, public transportation has gradually resumed in previously high/mid-risk areas such as Harbin and Tonghua (OxCGRT, 2020). PSBB measures in Jakarta, such as public transit limits, were in effect until February 22nd. People in the Philippines are forced to wear face masks, face guards, and social distancing in public areas, and public transportation is allowed to run at a reduced capacity. In Thailand, public

transportation is available, allowing people to wear masks while maintaining social distance (Hale et al., 2020). Georgia's municipal public transportation system was fully operational on February 11th. Since February 25, municipal and intercity transportation has been available on weekends. On February 28th, Melatinas declared a Civil Protection Emergency in Greece, imposing a 24-hour curfew (OxCGRT, 2020). Movement and use of public transportation were heavily limited, with a few exceptions. Public transportation in Kazakhstan's red zone has been suspended. On February 1, Akmola, Pavlodar, West Kazakhstan, and North Kazakhstan entered the red zone, while Nur Sultan entered the yellow zone. As of February 15th, only Pavlodar is in the red region (Hale et al., 2020).

Beginning on February 3rd, public transportation vehicles in Barbados were to operate at 60 percent capacity, with windows remaining open except in the event of inclement weather. In Natal, Brazil, a decree took effect on February 27 that allows public transit services to be extended at any time to prevent crowding (OxCGRT, 2020). As part of a tightening of restrictions in Cuba, a curfew was imposed in Havana from 21:00 to 05:00 on February 5. As part of the curfew, public transportation in Havana is prohibited from 21:00 to 05:00 (Hale et al., 2020). Algerians can now travel between provinces, but public transportation is still restricted. Israel's public transit capability has been expanded from 50% to 75%. Kuwait's public transit capacity was reduced to 30% this month (OxCGRT, 2020). Though Morocco has public transportation, travelers must still obtain permission from local authorities before traveling between cities (Hale et al., 2020). The restrictions on public transportation in Rwanda were relaxed on February 8th. Public transportation in South Sudan has been reduced to half capacity as of February 22 (OxCGRT, 2020). Travel by public transportation (including minibus taxis, buses, coaches, and passenger trains) is now permitted in Uganda as of February 23 (Hale et al., 2020).

Stay-at-home requirements

Victoria was ordered to remain at home from the 12th to the 17th of February in Australia. Residents in China are no longer expected to stay at home as of February 22 (OxCGRT, 2020). The Greater Seoul region in South Korea was under Level 2.5 restrictions until February 15th. Citizens are advised to stay at home under Level 2.5 restrictions (Hale et al., 2020).The current curfew in Aruba was shortened to 01:00 to 05:00 nightly on Tuesday, February 9th, enabling businesses to stay open until 23:00 instead of 22:00. The government of Barbados extended the curfew hours from 19:00 to 06:00 on February 3rd. A curfew was imposed in Havana on February 5th, from 21:00 to 05:00. The curfew is expected to end after Cuba's third wave of the outbreak, although no specific date has been set (OxCGRT, 2020). The island-wide curfew in Jamaica was changed from 22:00-05:00 to 20:00-05:00 on February 10th, tightening restrictions slightly. Beginning on February 3, Panama's nighttime curfew was revised from 21:00-04:00 to 22:00-04:00, slightly loosening restrictions (Hale et al., 2020).

On February 28, Melasinas issued a Civil Protection Emergency in Greece, enforcing a 24-hour curfew with few exceptions. Since February, the Russian Federation has lifted the curfew in Moscow and St. Petersburg (OxCGRT, 2020).

The government, on the other hand, advises people to stay at home. Slovenia has been under a curfew since February 22nd, ranging from 22:00 pm to 6:00 am. As of February 8, Turkish citizens and residents are now subject to a weekend curfew that runs from 21:00 p.m. on Friday to 5 a.m. on Monday (Hale et al., 2020).

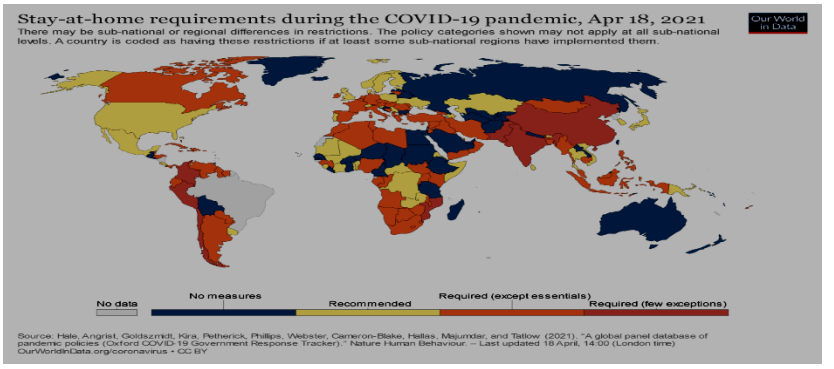

Figure 1.5. Stay-at-home requirements
Source: OxCGRT (Oxford COVID-19 Government Response Tracker Regional report
-East Asia and Pacific, 2020)

The Iraqi government placed a full curfew from Friday to Sunday and a partial curfew from Monday to Thursday on February 18th. In early February, Israel relaxed its stay-at-home restrictions, but they were reinstated for a two-day period between February 25 and 27 (OxCGRT, 2020). On February 8th, the curfew in Lebanon, which had been in place since January, was extended until March 8th. Morocco's national curfew has been extended until March 10th (from 21:00 to 06:00). A nightly curfew of 19:00-06:00 was imposed in the Ash Sharqiyah North Governorate of Oman from the 12th to the 26th of February (Hale et al., 2020). The curfew in Guera, Kanem, Logone Occidental, Logone Oriental, Mayo Kebbi Ouest, Mayo Kebbi Est, Moyen Chari, Batha, N'Djamena, Mandelia, Logone Gana, and the N'Djamena Farah subprefecture in Chad was extended from 9 p.m. to 5 a.m. on February 10 (OxCGRT, 2020). On February 25, Guinea imposed a curfew from 11 p.m. to 4 a.m. Starting at midnight on February 3rd, anyone in Lesotho must remain at home, except when accessing or providing essential goods and services (Hale et al., 2020).

Restrictions on Internal movement

Each state and territory in Australia has its own collection of border controls. Victoria remains a low-risk region in Western Australia, while Queensland has named hotspots in Victoria. Border limits apply to someone who has spent the previous 14 days in a hotspot (OxCGRT, 2020). Tasmania has designated the Auckland region as a high-risk area. As of February 22, internal travel in China is not limited, but people are advised to avoid non-essential travel. In the Hong Kong Special Administrative Region, travel restrictions between Hong Kong, Guangdong Province, and Macao remain in place (Hale et al., 2020). Indonesian authorities have imposed certain limits on in-country air travel as part of their public health

initiatives. The National Pandemic Controller in Papua New Guinea has ordered that all planes, ships, and sea-going vessels be grounded. In Thailand, there are additional restrictions in effect in various provinces as well as in Bangkok. Restrictions differ by province and are subject to modification at any time (Hale et al., 2020).

Intercity travel permits are now available for Turkish citizens and residents aged 65 and up in Turkey as of February 8th. Residents and citizens under the age of 20 are permitted to travel inside the city and intercity during limited hours (OxCGRT, 2020). Travel into and within the Alpes Maritimes region in France has been limited with exceptions since February 26. Intercity transportation resumed in Georgia on February 25. There is also a curfew in effect from 9 p.m. to 5 a.m. Interstate travel restrictions exist in Kazakhstan, based on a diverse list of red, yellow, and green areas (Hale et al., 2020). Regular nationwide vehicle restrictions were implemented in Costa Rica on February 1st, from 10:00 a.m. to 17:00 p.m. The national weekday vehicle restrictions were lifted on February 8th. Between the 25th and 27th of February, Israel's internal movement was limited for two days (OxCGRT, 2020). Internal movement in Morocco is still limited due to the continuation of the "Health State of Emergency" until March 20. For the next two weeks, all travel and transportation in all areas of Palestine between the hours of 7 p.m. and 6 a.m. has been prohibited. Internal movement was authorized in all districts in Uganda on February 8th (Hale et al., 2020).

International travel controls

From the 25th of February, any traveler from New Zealand who has spent more than 14 days in Auckland is ineligible to fly on a quarantine-free flight in Australia. Travellers from New Zealand who have not spent any time in Auckland in the previous 14 days are still able to fly without quarantine (OxCGRT, 2020). In order to enter Brunei, international visitors must first obtain permission from the Brunei Department of Immigration and National Registration. Only diplomatic, official, and supported business visas are approved in Cambodia, and a two-week quarantine period is required. Only Fiji's border with New Zealand is closed. Switzerland and the United Arab Emirates have been designated as very high-risk Group B places in Hong Kong SAR as of February 2nd. In Indonesia, all non-Indonesian visitors are prohibited from entering the country. The temporary suspension of direct flights from the United Kingdom to South Korea has been extended until the end of February in South Korea (Hale et al., 2020).

Persons arriving in Slovenia from EEA countries or Switzerland must either show evidence of a negative COVID-19 test or self-isolate for 14 days as of February 12th. All visitors to Tajikistan must now produce evidence of a negative COVID-19 inspection (OxCGRT, 2020). All travelers entering the United Kingdom will be allowed to take two COVID-19 tests during their 10-day quarantine period starting on February 15th. Travelers from “red-list” countries will also be required to stay in hotels for quarantine (Hale et al., 2020). Most visitors to Cuba were forced to quarantine for up to one week starting on February 6th. Tourists were taken to hotels for quarantine, while Cuban residents were taken to isolation centers. Flights were canceled almost every week from the United States, Mexico, Panama, the Bahamas, the Dominican Republic, Jamaica, and Colombia. Travel

from Nicaragua, Guyana, Trinidad and Tobago, and Suriname has been halted (OxCGRT, 2020). Flights to Haiti have been cancelled as well. Travel to and from Brazil was prohibited in Guyana on February 1st, as part of a tightening of restrictions. In a tightening of controls, starting on February 8, all incoming foreign travelers must have a negative COVID-19 PCR test taken within 72 hours of boarding in Haiti (Hale et al., 2020). This month, the Islamic Republic of Iran closed several border crossings with Iraq. On February 21, Jordan's King Hussein Bridge reopened to a small number of travelers (OxCGRT, 2020). Non-Kuwaiti people are not allowed to enter Kuwait for two weeks beginning February 7th. Land and sea borders in Lebanon were closed this month, but Beirut International Airport remained open (Hale et al., 2020).

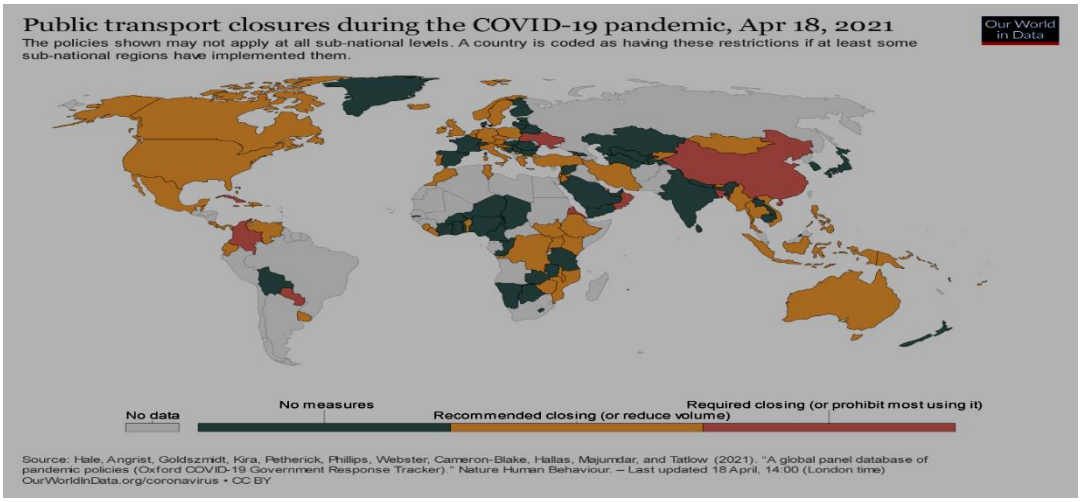

Figure 1.6. International travel controls
Source: OxCGRT (Oxford COVID-19 Government Response Tracker Regional report -East Asia and Pacific, 2020)

Morocco restricts air travel to and from the country to those categories of passengers that have received negative results from a PCR test taken less than 72 hours before boarding. Commercial flights have been suspended, but special services continue to operate (OxCGRT, 2020). For the time being, ferries between Morocco and Spain have been suspended. The boundaries of Cueta and Metilla have also been closed. Guinea's border with Sierra Leone was opened on February 18th. All incoming passengers in Mauritania must present a negative PCR test beginning February 23rd, and they will not be quarantined unless they are traveling from areas with new COVID-19 variants (Hale et al., 2020).

Testing and contact tracing

On the continent of Australia There is also some variation between states and territories in terms of who is qualified to take the COVID-19 test. Both states and territories, however, must meet certain eligibility criteria. The Hong Kong Special Administrative Region extended mandatory testing to all staff of residential care homes and nursing homes on February 17th. All residents of San Po Kong were required to take the COVID-19 examination on February 23rd (OxCGRT, 2020).

Rapid-testing facilities at train stations in Indonesia have significantly improved testing capacity. Singapore intends to enlist the help of the private sector to greatly expand its potential for testing for Covid-19 infections. This will allow it to conduct more than 21,000 tests per day in dormitories and regional screening centers, as part of ongoing efforts to vaccinate the entire population of the nation (Hale et al., 2020). In Brunei, the contact-tracking program BruHealth is commonly used. The Philippine government is responding in a number of ways, including increased community participation, targeted isolation and quarantine measures, expanded communication tracking, and continuous laboratory capacity expansion (Hale et al., 2020).

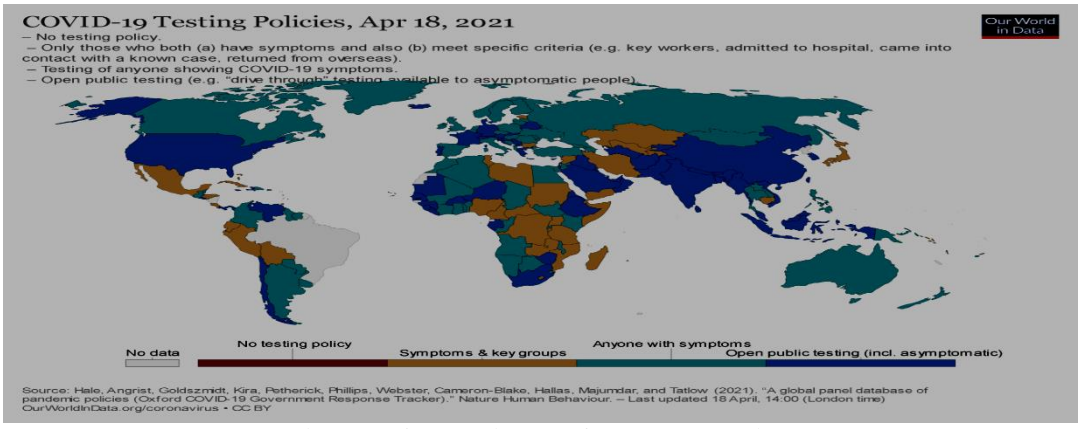

Figure 1.7. Testing and contact tracing
Source: OxCGRT (Oxford COVID-19 Government Response Tracker Regional report -East Asia and Pacific, 2020)

The government of Portugal declared personnel shortages on February 13, affecting the ability to contact and trace COVID-19 events. Patients who test positive in Zambia on February 14 are urged to notify their contacts (OxCGRT, 2020). In an attempt to obtain PCR test results as quickly as possible, Havana began introducing an epidemiological surveillance system developed by the company DATYS on February 15th (Hale et al., 2020).

Face coverings

From the 12th to the 17th of February, all citizens of Victoria were forced to wear masks outside the home as part of a statewide lockdown. Face masks are only available in some public areas across mainland China as of February 22. The government of Laos has made masks mandatory in all public places as of February 3rd (OxCGRT, 2020). Myanmar's government needs and enforces the use of masks. Facemasks are required to be worn indoors and on public transportation in Papua New Guinea's National Capital District (NCD) (Hale et al., 2020). Wear a mask to keep your nose and mouth protected while in shared spaces outside of your home, such as public transportation in Solomon Island. Wear a mask in shared areas of your home and ask any family members who did not travel with you to do the same (OxCGRT, 2020). Face masks became obligatory in all public spaces in Barbados on the 3rd of February. Face masks

are required to be worn in all public places outside the home by anyone over the age of six in Uganda starting February 2nd (Hale et al., 2020).

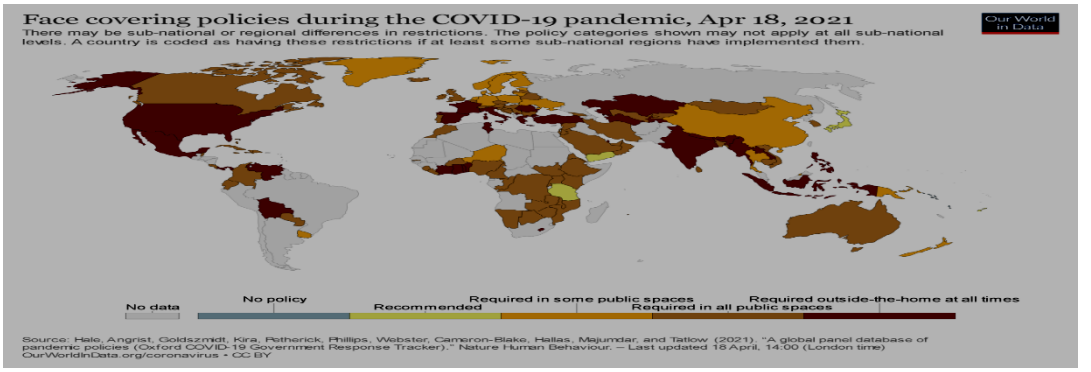

Figure 1.8. Face coverings

Source: OxCGRT (Oxford COVID-19 Government Response Tracker Regional report -East Asia and Pacific, 2020)

Facemasks are no longer needed in outdoor public spaces in Lithuania as of February 21, as long as people can maintain a distance of at least 2 meters. Face masks are required to be worn in public spaces, commercial spaces, public transportation, and at work in Romania as of February 10th. The Slovak Republic has been using a traffic light system since February 15th (OxCGRT, 2020). Mask rules can differ depending on a region's ranking. Disposable masks must be worn at all times on public transportation in the Vastra Gotaland region of Sweden as of February 17th. Similar limits were imposed in a number of other areas (Hale et al., 2020).

Vaccination Policy

Bahrain recently approved the Johnson and Johnson vaccine. Vaccines are available to Bahraini citizens and residents. There are also vaccines from Pfizer-BioNTech, Oxford AstraZeneca, Sputnik, and Sinopharm. The Islamic Republic of Iran began its vaccination program in early February. The Sputnik V vaccine was given to the first group of people to be vaccinated. Iran began vaccinating vulnerable groups with China's Sinopharm vaccine on February 23 (OxCGRT, 2020). Israel started immunizing all citizens aged 16 and up on February 4th. Morocco has expanded its vaccine campaign to all citizens over the age of 65 as of February 12th. Vaccines from Sinopharm and AstraZeneca are being used. in the Sultanate of Oman Vaccine eligibility was extended to cover people aged 60 and over, as well as frontline medical professionals and those with immuno deficient health over the age of 65. Vaccines from Pfizer and AstraZeneca are being sent out (Hale et al., 2020).

The Moderna vaccine has been provided to health workers in the occupied West Bank since 4 February, and will be given to people over 60 with chronic diseases as supplies allow. Health staff in Gaza have received the Sputnik V vaccine (OxCGRT, 2020). Qatar granted emergency approval of the Moderna vaccine on February 10th, alongside the already-approved Pfizer-Biontech vaccine. Saudi

Arabia is providing the Pfizer-BioNTech COVID vaccine to all people and residents of the Kingdom for free, with preference provided to those with chronic illnesses or health conditions. There have been rumors of delays in the previously scheduled timetable (Hale et al., 2020).

The United Arab Emirates' Ministry of Health declared on February 7 that all vaccine centers will now be staffed by women ""I am committed." The vaccine will only be provided to the elderly and people with chronic diseases due to the recent increase in infections... Many people who have yet to receive their first dose will have to wait until next month. Walk-in services will gradually be phased out, and younger patients will be seen only by appointment." In the United Arab Emirates, four vaccines are available (OxCGRT, 2020). Sinopharm and Sputnik V medications are available in the United Arab Emirates, although the latter is only for emergency use. Vaccines from Pfizer-BioNTech and Oxford-AstraZeneca are available in Dubai as well (Hale et al., 2020).

Transnational Administration

Multi-stakeholder ventures, global public-private partnerships, and global commissions are all examples of this. Despite the fact that the regional pattern of policy action will differ, global policy formulation and distribution have a significant impact. In more distinct areas, implementation may take place at the (trans)national or local level. As a result, our use of the word "transnational administration" is appropriate in cross-border and co-jurisdictional issue contexts.

Policy Learning and Crisis Policy

The policies taken by the Governments of China, South Korea and Singapore in tackling the Covid-19 pandemic are considered successful, even though in the case of China the policies taken at first looked weak and chaotic but in the end were effective and efficient (May, 2020). The experiences of the Governments of China, South Korea, and Singapore in dealing with similar pandemics, namely SARS-CoV-1 and H1N1, were well used to take the right policies in dealing with similar crises (Woo, 2020). The success of China, South Korea and Singapore is also supported by stability, coordination, excellent health care systems and health facilities.

Political Deadlock

The efforts of the Israeli and Hong Kong governments in efforts to tackle the COVID-19 pandemic are considered successful even though this policy was taken in the midst of the political crisis that occurred. Israel's success is due to its experience in dealing with crises in the past, and is supported by the permissive attitude of the Israeli people towards the case that befell Prime Minister Benjamin Netanyahu (Maor, 2020). Meanwhile, the success of Hong Kong is due to the structured behavior and social norms that Hong Kong people have that are able to produce resources that can increase the capacity of non-states to fight the pandemic (Hartley, 2020).

Policy Failure

The efforts of the Government of Italy and the United States in overcoming the COVID-19 pandemic are considered to have failed. Italy's failure was caused by the lack of experience in dealing with crisis situations and the complexity of the stages of policy making in the country (Capano, 2020). While the failure of the United States was caused by poor coordination between the state government and the federal government, this was exacerbated by the public health system architecture and the United States' fiscal policy which still needed a lot of improvement (Rocco, 2020).

Policy Alternative

Rather than implementing legislative or coercive laws, Swedish government agencies tend to provide guidelines and guidance on acceptable social behaviour (Pierre, 2020). In this regard, Sweden differs from most other countries in that its coping strategy is based on limited steps rather than absolute prohibitions, such as limiting people's visits to high-density areas or locations where ordinary people congregate.

Policy Extential

The efforts of the Turkish Government in tackling the Covid-19 pandemic are considered quite successful. Their experience in dealing with major crises around large-scale refugees and migration problems stemming from the Syrian civil war has been very helpful in formulating the right policies to deal with crisis situations. Other factors that support the success of Turkey are the executive presidentialization, and the presidential bureaucracy which minimizes the possibility of the policy being vetoed or made easier, as is common in countries with parliamentary systems (Bakir, 2020).

Conclusion

In order to tackle the COVID-19 pandemic crisis, governments in various countries have referred to WHO provisions. Among the policies in place are the wearing of masks, staying at home, closing schools and workplaces, banning local and international travel, and vaccination policies. Despite the fact that the policies introduced were focused on WHO standards, the needs and capabilities of each nation are significantly different. Furthermore, the political dynamics, political structure, and government system of a nation have a significant impact on the policy-making process. The complexity of policy-making in a pandemic crisis related to the harmonization of national policies with global pandemic prevention policies in various countries varies widely. The complexity of policy making in Italy, Canada and the United States has hampered their efforts to contain the pandemic. On the other hand, the Turkish model of presidentialization which puts such a large amount of authority in the hands of the President turns out to be more effective when faced with a crisis situation. A more or less the same model of adoption can be seen in China, where policy-making is carried out centrally with a clear command structure. This Chinese model of policy-making succeeded in getting them out of the crisis even faster

than previously predicted (May, 2020). In the case of South Korea and Singapore, the policy foothold is based on past experiences in dealing with almost the same crisis, namely MERS and the H1N-1 Virus, this experience turns out to be able to make the two countries act faster than other countries that have experienced similar cases (Capano, 2020). Experience in dealing with crises such as Turkey's experience in dealing with the refugee crisis and Israel's experience in managing prolonged conflicts can be more or less used in dealing with crisis situations that require rapid policy making.

To address the global pandemic crisis, it is important to align national policies with global policies. Regulation harmonization aims to improve handling, reduce side effects, and accelerate the recovery process. Researchers may face a difficult task in finding a way to harmonize national policies with global policies that are both more equitable and easier to enforce. Of course, the issues confronting developing countries are significantly different from those confronting developed countries. This is dependent on a country's infrastructure, human resources, financial capacity, political system, and government system, as well as its political, security, and socio-cultural circumstances.

Disclosure statement

No potential conflict of interest was reported by the authors.

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