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COVID-19 CRISIS RESPONSES THROUGH SECONDARY DATABASES ANALYSIS: A COMPARISON BETWEEN SAUDI ARABIA AND INDONESIA

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ABSTRACT

The COVID-19 pandemic has affected many people, be it individuals, family institutions, small businesses, government and non-governmental institutions, industrial sectors, health sectors, and many more. Despite the amount of pressure, different countries responded and reacted differently when it came to managing the issue. Governmental institutions and key players play a huge role in developing plans for each country's continuity. Acknowledging that the pandemic has impacted the economic sector, especially those that revolve around businesses and global trade relations, hence the significance of this paper aims to compare the crisis responses between two affected countries when the COVID-19 pandemic hits mainly based on secondary data analysis. Considering the COVID-19 pandemic, responses by both countries Indonesia and Saudi Arabia have been listed to compare how they reacted, their action, and their plan for managing the pandemic. Can be depicted that both countries' reactions and responses to this pandemic were subjected to resource availability and their economic background as well. Indonesia is the 4th most populous country in the world having a high poverty rate despite its growing economy, meanwhile, Saudi Arabia, is a rich country with wealth and a developed country with broad international relations with other countries, it can be concluded that Saudi Arabia's response to the pandemic better than Indonesia. Overall, it can be concluded that despite anything, economic stability and citizens' health are supposed to be the utmost priority in any country despite any political turmoil existing.

ARTICLE INFO

1.0 INTRODUCTION

A crisis is derived from the Greek word known as "Krisis" (Hazaa et al., 2021). According to Laufer & Coombs (2018), a crisis is a sudden and unexpected event affecting an organization, state, country, and people's financial and reputation operation. This crisis includes natural disasters, health crises, product tampering, and many more. This situation severely the operation of the business, the image of the country, and the situation of the people. According to Ismail (2015), the word "crisis" comes from the Greek word "krinon" which means dangerous situations in social, political, and economic issues. Coombs (2009), a crisis can be perceived as an event that threatens the important expectations of stakeholders. Therefore, it can impact the organization and state's performance. He also added that to be effective in crisis response, the spokesperson or appropriate people should be acquainted because they are expected to produce or use the appropriate solution and effectively communicate the responses to the public. Coombs and Holladay, suggest that if problems can be solved in a limited time frame, they might not get public attention. Hence the speed at which the government reacts and responds to problems will shape public opinion and reputation (Coombs and Holladay, 2009). A crisis is volatile according to crisis scholars but an effective reaction and proactive strategy in providing solutions during a crisis period can reduce the severity of the crisis (Abukhalaf, 2022).

As the world becomes smaller with the assistance of technology and the Internet, the spreading of messages has become a lot easier and more efficient than before. However, when it comes to being hit by some unexpected crises and disasters, especially those that involve international countries, planning for crisis and constituency management is one of the most crucial plans every country should have, ranging from small companies to huge organizations. Everyone needs to cope with various plans that cover wider scopes in managing constituencies' reactions, trade relations as well as messages flow and dissemination, hence making all people affected, feel well informed and at ease. The recent pandemic that has hit the whole wide world has affected many people, be it individuals, family institutions, small businesses, government and non-governmental institutions, industrial sectors, health sectors, and many more. The public was not ready when the pandemic hit previously because it happened at a fast pace and not everyone had any preparation for it.

Governmental institutions and key players play a huge role in developing plans for each country's continuity. Acknowledging that the recent pandemic has impacted the economic sector especially those revolving around businesses and global trade relations (UNCTAD, 2020), hence the significance of this paper is to analyze and compare the responses between two affected countries when the COVID-19 pandemic hits based on the analysis from secondary databases. Despite the amount of pressure every country had to face, different countries responded and reacted differently when it came to managing the issue. Therefore, the pandemic impact must be addressed accordingly while providing suggested responses quickly (Sherif, 2022). The first country chosen for analysis is Saudi Arabia. This country has been chosen to be analyzed due to its unique and broad sphere in terms of its economic system. Saudi Arabia has been reported as the 14th richest country in the world resulting in its oil petroleum trade sector and businesses, and there is no other country that can beat Saudi Arabia's activeness in crude petroleum export activities (Suneson, 2019).

Having a strong base and background of economic and financial elements, it is crucial and interesting to see how this country has managed and responded to the COVID-19 pandemic from its first wave of the virus spread. Delving a little bit deeper into Saudi Arabia's background, in terms of its population, geographical location, governance system, and landscape, as well as economic system, it has been clarified that Saudi Arabia is one of the young countries that has been attached to a rich history (Teitelbaum, 2020). As reported by Teitelbaum (2020), Saudi Arabia is in the highlands of the West, along the Red Sea where lies the Islamic holiest Hejaz, the city of Medina and Mecca. Consequently, there are in total of 13 regions in the Kingdom, having Riyadh as the capital city (Ministry of Foreign Affairs, 2020). Well known as an economically stable country, Saudi Arabia has been placed among the tenth countries having the lowest poverty rate at 12.7% worldwide (Thelwell, 2018). Moving on to the second country chosen to be analyzed is Indonesia. Indonesia is a country located in the ASEAN region, being Jakarta as the capital city. One of the main reasons why Indonesia has been chosen to be compared with Saudi Arabia in this analysis is due to the economic background of Indonesia and its highly

populated country. In addition, reported by Indonesia's political system lies under the system of a republican. The Republic of Indonesia acts as a federal state where the functions of the authorities are concentrated by the decision of the central government. As for Indonesia's economic status, Java country is known as the largest economy of Southeast Asia, being their main source of economic business activities derived from the means of export of rubber, mineral fuels, mechanical and machinery parts as well as animal and vege fats (The Heritage Foundation, 2020). Based on the earlier introduction of both chosen countries, Saudi Arabia and Indonesia can be seen as having quite contradicting landscapes of population and economic background. In terms of the governance and political system, in Saudi Arabia, the King himself is the head of the Kingdom, having the system of heredity monarchy in replacing the current ruler, meanwhile in Indonesia, the Prime Minister or President is the head of the country having the Republican Republic as part of their political system and president being replace through elections. As for economic status, Saudi Arabia is seen to have a more stable economy compared to Indonesia as they also possess a relatively lower poverty rate than Indonesia, indicating a contradicting liquidity flow between countries. Saudi Arabia as a wealthy country, having a population currently much lower than Indonesia is considered the 4th most populated country in the world with a high poverty rate, it can be predicted that Indonesia suffers greatly compared to Saudi Arabia, hence this would be a significant analysis in this study as the study may be able to delve deeper into how the government manages country's financial overpopulated citizens. This paper will further analyze and compare these two countries' approaches to managing the pandemic of COVID-19.

2.0 CRISIS RESPONSE STRATEGIES: SELECTED COUNTRIES

Since the first wave of the Coronavirus was discovered in early November 2019, in Wuhan, Hubei province in China, and was declared a Global Pandemic on March 11th, 2020, countries across the world have worked together hand in hand with the World Health Organization (WHO) in combating the spread of the disease and come out with some new action plan in helping public constituencies (Djalente et al., 2020). Both countries, Indonesia and Saudi Arabia did come out with their approaches to dealing with the pandemic. Since the first wave of COVID-19 hit the Saudi Kingdom in early February 2020, a lot of precautionary steps and mitigation activities have been carried out by the government and the public seems to comply with the measures, however, as countries have reached the status of stable, numbers of cases have seemed to be sparked slowly because of public failure to adhere to existing Standard Operating Procedures (SOP) imposed. The second wave of COVID-19 in Saudi Arabia has not yet officially been declared since they are still recovering from the first wave, nevertheless, it has been reported that doctors in Saudi have warned the public that the second wave of COVID-19 is real as the Saudi's Ministry of Health has announced on the mutation of second wave of COVID in some of the Middle East countries (Rizvi, 2020).

Meanwhile in Indonesia, during the first wave of the virus, Indonesia's cabinet and authorities were criticized as they came up with a thread of non-scientific and unorthodox treatments during the first early six months which included the suggestion to keep praying, eucalyptus necklace as well as rice wrapped in banana leaf (Al Jazeera, 2020). Therefore, in identifying and comparing the approaches taken by both Saudi Arabia and Indonesia in managing COVID-19, measurement scales in this analysis range from 'Detection and Containment', 'Mitigation', and 'Treatment' context. Detection and containment in this analysis can be specified as how a country detects or finds its first early cases of COVID-19 and what action has been taken to limit the infectious virus from spreading. The mitigation approaches, involve analyzing how both countries prevent virus cases from escalating, meanwhile, treatment approaches were more on the process and effort taken by the government to cure disease.

2.1   Indonesia

Detection and Containment: Temporary Travel and Transportation ban, Massive Testing and Rapid Detection, "Mudik' ban, Airport Screenings and Public places closure, Large Social Restriction

In terms of detection of the virus, Indonesia first detected and reported the earliest cases of COVID-19 in the country on the 2nd of March 2020, when a lady contacted herself with another Japanese lady during a party on the 14th of February 2020 (The Jakarta Post, 2020). It was the first two confirmed cases of the virus in the Java region. Meanwhile, as of March

6th, 2020, it has been reported that Indonesia had only tested a total number of 450 infection cases out of the 270 million population in the country. As the government health authorities found the source of the spreader, immediately they executed an international travel ban in early April 2020. Announced the Travel Bans, the Indonesian government temporarily imposed and banned any International travel and foreigners from transiting and entering Indonesia, if a person needs to enter for working and business purposes this includes Indonesian citizens from other countries and foreigners, they would have to present a negative COVID-19 swab test prior before entering and undergo a mandatory 14 days of self-isolation if needed and again provide a swab test report done after the quarantine was done at own expense.

On the 19th of March 2020, President Jokowi announced a massive conduct for testing COVID-19 as well as Rapid Testing where results may be obtained within 30 minutes before the first minute of the test (Djalente et al., 2020). Based on a study conducted by Setiati & K. Azwar (2020), on COVID-19 in Indonesia, analysis has found that amount of 1,528 of confirmed COVID-19 cases were detected along with 136 death cases reported within the same month of March when COVID-19 was first detected in Indonesia. Due to the excessive spreading of the virus among Indonesian citizens, the government had ordered 500 thousand testing Kits from mainland China as a means to screen more individuals in a short period (Ranggasari, 2020). This rapid testing action has resulted in the first batch results showing 121 people tested positive meanwhile another ten thousand tested negative.

On 21st April 2020, Joko Widodo declared and announced for banning or bar the 'Mudik' celebration or so-called travel activities of more than 20 million Indonesians traveling to villages as a means to mark the occasion within regions and freeze most of the regional link for transportation (Mietzner, 2020). Mudik is a religious tradition and celebration done before the Eid-al Fitri arrives and people migrate from their urban cities to the village on this occasion (Gorbiano, 2020). Other than that, in making sure the virus was content and not spread locally, Airports across Indonesia has been supported with mandatory health screening measures which has been put in place by the accorded authorities as well as the closure of public places such as school (Setiati & K. Azwar, 2020). Instead of regional quarantine restrictions, large social restrictions have been implemented in all regions except Jakarta and several regions of West Java which have implemented a lockdown (Setiati & K. Azwar, 2020).

Mitigation: Issuing Guidelines for Medical Rapid Response and Public Health Aspects for clinical practice and General Publics

As the mitigation effort by Indonesia, the effort has been measured from the perspective of issuing a guideline for 'Medical Rapid Response' and 'Public Health Aspects' in the country, which has been executed by the Indonesian COVID-19 Task Force also known in its local language as 'Gugus Tugas Percepatan Penaganan COVID-19', on the late March 2020 (Djalente et al., 2020). Indeed, the President has announced and run the 'Massive Rapid Testing' as a means for containment. However, brief ideas and knowledge on guidelines for the general public on what and how things will be done should be given as part of the effort in combating the pandemic.

The target of issuing the guidelines is to mitigate or limit the death rates and impacts of the virus spreading among the Indonesian general public. Viewing this issue of virus spreading could be because of public has not yet identified or get themselves familiar with the ways this virus infected people, they may not yet know about avoiding being infected. Hence, these guidelines provided were not only intended to be given to medical administrators of all regions and states of Indonesia but also to citizens so they are aware of how things will be done. Guidelines issued include information about the rapid testing protocols, handling patients, lab testing as well as all possible means for communication and outreach. According to Djalente et al., (2020), the issued protocols on rapid and lab testing included information in recognizing three different levels of risks which involved (1) *'Orang Dalam Pemantauan'* (ODP), *asymptomatic*, and (3) *'Pasien Dalam Pengawasan'* (PDP) or known as a patient under surveillance.

Other than that, in limiting any error in acquiring results of infected patients, the issued test has involved people suspected to be isolated and run rapid testing on them. Aside from that, IAKMI also known as the Indonesian Public Health Association has constantly issued suggestions and recommendations for the Task Force to advocate evidence-based policy when it comes to facilitating COVID-19 community-based responses which include surveillance as well as education

(Algaissi et al., 2020). They also issued cautions on possible errors on Rapid Testing hence suggesting that if a patient has been found negative, he or she will need to be repeatedly tested through the same method over accorded time as a means for broader surveillance.

Treatment: Referral Hospitals with basic Equipment for treating, Vaccines dealing for treating patients

On GIS-based approaches to referral hospital access in Indonesia, during the first wave of crisis, there were 132 referral hospitals available across Indonesia and all of these referral hospitals possessed at least the basic needs in treating infectious diseases such as negative pressure rooms, special wards as well and ventilators. At this period, they have a total of 100 ventilators, 1,100 wards of isolations, and 175 negative pressure rooms to accommodate all confirmed patients of COVID-19. Indeed, the country did not neglect the well-being of those people living in rural areas and villages in Central Jakarta, hence the athlete village in Kemayoran has been transformed into an emergency hospital which has also been accommodated with more than 2000 beds (Jakarta Post, 2020).

2.2 Saudi Arabia

Detection and Containment: Early plan and detection, Expand Massive and Early Testing, Travel and Umrah Pilgrimage Ban, Airport Screenings, Lockdown

During the early stage of the virus in China, where it has not yet been clarified as a global pandemic, Saudi has already reacted quickly by developing country plan guidelines based on WHO (WHO, 2020) and detecting cases as early as March 2nd, 2020, where it was an arrival from Iran via Bahrain (Algaissi et al., 2020). As a means of containment, the Saudi government has invested an amount of USD265 million by signing a contract with China's government to assist them in expanding Saudi's testing and tracing capabilities of the virus (The National, 2020). As reported by the National (2020), Saudi Arabia has also established another six labs for testing in different regions of the country as a means to expand massive and early testing. As of November 2020, the number of tested individuals in Saudi Arabia has reached more than 1,000,000 samples (Saudi Press Agency, 2020). Aside from that, compulsory quarantine and temperature checking at Airports have been mandatory in the Saudi Kingdom even if returnees or comers tested negative. Saudi has learned from their previous lesson on MERS-CoV. As early as the 26th of February 2020, the Kingdom of Saudi Arabia announced its banning on receiving Umrah pilgrimage from all around the world including Malaysia, Africa, Indonesia, Thailand, Indonesia, and so on.

Soon after that, after the cases in the Kingdom reached 500 in March, out of their 34 million population, the government issued for 24 hours curfews as well as penalties for those who broke the law (Algaissi et al., 2020). Not so long after that, lockdown was imposed in bigger cities such as Jeddah, Madinah, and Makkah as well as Riyadh when interstate travel was also banned within the 13 provinces in the Kingdom (The New Straits Times, 2020).

Mitigation: SCDC, Increasing Regional Hospitals, R&D Centre for vaccines, and own candidates for Testing

In terms of the mitigation efforts of Saudi Arabia, they have learned from the previous endemic attack from the MERS-CoV outbreak back in 2012, which resulted in the Saudi Ministry of Health (MoH) establishing the existing command and control center namely the Saudi Center for Disease Control and Prevention (SCDC), use today in responding to COVID-19 (Weqaya, 2020). Aside from that, the mitigation effort Saudi pays close attention to retaining and enhancing the future economy of Saudi Arabia, hence prevention and curing effort for future circumstances has been the main priority of the government, therefore, according to Market Research Saudi (2020), Saudi MoH has prepared for more than 25 regional hospitals for MERS treatment as well as isolation back then, and receiving patients of COVID-19 as of November 2020.

Other than that, reported that King Abdulaziz City for Science and Technology (KACST) had enhanced the Center for Research and Development (R & D) to develop its vaccines, and even have its candidates for testing the vaccines (Algaissi et al., 2020). Other than scientific efforts in mitigating the effect of COVID-19, early restrictions of mass gathering and

events have been imposed before cases even reach 100, meanwhile "G20" meetings amongst country leaders has been conducted to measure financial risks and plan for the current and future plan, as Saudi has pledged half a billion USD to global organizations (Algaissi et al., 2020).

Treatment: Free Access to healthcare, allocation of funds for hospitals and other necessary medical supplies

In the areas of treatment, Saudi Arabia's action revolves around the investment in the betterment of the kingdom's healthcare systems, but also other affected countries such as Africa, Germany, and Italy. To reduce the rate of death cases daily, regardless of the citizenship of the individual, every single person residing in Saudi Arabia has been given free access and treatment at any available hospital at any time (Arab News, 2020). USD12.5 billion have been supplied to Saudi's healthcare system to prepare for better readiness of the sector. Funds are allocated specifically to aiding and securing medicines, operating additional beds as well and providing other necessary medical supplies. 25 new hospitals have been built, accommodated with more than 8,000 beds available in each hospital (Market Research Saudi, 2020).

In comparison, when it comes to the government's approaches between Indonesia and Saudi Arabia, it has been analyzed that both countries did a sound job in managing COVID-19 during the first wave. Rulers of Saudi Arabia and the president of Indonesia warned of the arrival of the second wave if people neglect the standard of procedures in avoiding infection (The Jakarta Post, 2020).

Compared to Saudi Arabia and Indonesia, in terms of planning, detection, and containment, Saudi Arabia's government is a very well-planned key player. As mentioned earlier, the Saudi Kingdom has already come up with a specific guideline for their country in early January 2020 based on WHO guidelines compared to Indonesia which developed key plans after the virus hit in April 2020. Also, even during cases sparked in a few countries around Indonesia, there were no impose on travel restrictions imposed by the Indonesian government at that time even from China (Djalente et al., 2020). Indeed, most of the actions taken especially in terms of detection and containment including massive testing are almost similar between both countries, however, what makes it different is the timeline of both countries in reacting and managing the virus.

As for mitigation, observed that both countries do impose guidelines on reducing infection, however as in Indonesia, the focus and highlights are more on educating the general public about guidelines and procedures of test and treatment meanwhile in Saudi Arabia, their mitigation efforts focus more on sustaining future and long-term economic effect where they prioritized on nations' health by investing a lot in the healthcare system and Research and Development centers for vaccines development. These are the two different approaches by two different countries. In terms of treatment approaches, both Indonesia and Saudi Arabia lean towards providing more hospitals and medical equipment for COVID-19 treatment usage, including planning for vaccines, what makes it different here is that the cost for treatment and healthcare in Saudi Arabia were made free despite of individual's citizenship, meanwhile Indonesia's do not. This may be result from the economic status of both countries.

Based on the comparison, it can be said that both countries did their job well. However, referring to the six prioritized strategies developed by the World Health Organisation (2020) as a response to the pandemic, include: (1) train, deploy, and expand healthcare workers, (2) implement a stable system in detecting suspected cases, (3) increase availability and ramping up test production, (4) identify places that can be shifted or transformed to COVID centers for treatment, (5) invent plans for cases of quarantine and (6) refocusing on the measures from government in curbing virus, seems to lean more towards the efficiency of Saudi Arabia in complying to all proposed strategies made by WHO. One of the reasons why Saudi has been proactive in terms of its preparedness is due to the previous experience they faced in 2012 when they were hit by an endemic virus (Hassounah, Raheel, & Alhefzi, 2020).

3.0 ACTION & GOVERNMENT SUPPORT IN HELPING CONSTITUENTS

3.1 Indonesia

Educational Incentives: 'Indihome' and 30 GB Internet Connection for students and educators

During the pandemic, internet connection has become a contemporary necessity for everyone aside from home and food. Everything is being done online. Hence, one of the initiatives actions, and supports provided by the Indonesian government in helping constituencies move forward during the pandemic attack is to provide students and workers with free upgrades to the Internet, as much as 30 GB. As reported by The Jakarta Post (2020), in this initiative, the Ministry of State-Owned Enterprise has partnered with Telkom group, the main huge Internet Service Provider in Indonesia to launch 'IndiHome', a product that serves Internet connection and speed upgrade for a month to users. Other than that, free 30 GB Internet data has been given to students and educators by mobile operators such as XL Axiata and Telkomsel to access their online e-learning platforms. This effort is to ensure learning process done online runs smoothly.

Incentive for rural villagers: 600,000 Rupiah funds per Family

The government of Indonesia has provided an amount of IDR 2.99 trillion in cash to assist 5 million families that live in the rural villages within Jakarta province. According to the New Straits Times (2020), the funds allocated for IDR 600,000 in cash per family is an incentive provided by the Ministry of Villages, Development of Disadvantaged Regions as well as Transmigration to help the rural villagers survive during the heavy pandemic. It has been mentioned that some main pillars of the family lost jobs, and before the Eid-ul Fitr celebration for Muslims, the government has managed to distribute the funds to 63 thousand villages out of 75 thousand nationwide.

Wage Subsidies for Non-civil Servants Educational Personnel: IDR 3.6 trillion 'Bantuan Subsidi Upah' (BSU) program

Several parties were affected when the pandemic hit, even though they were employed. Hence, governmental supports are very important in this period, as to help constituencies move forward. In the areas of educational personnel who are non-civil servants, which include private and state university lecturers, laboratory, library, teachers as well and administrative staff, the Indonesian government had disbursed and allocated an amount of IDR 3.6 trillion in the means to aid more than two million non-civil servants affected in the country (Markets Insider, 2020). According to Markets Insider (2020), BSU is a short-term contract subsidy plan made for teachers who earned less than IDR 5 million monthly, specifically the education personnel from non-civil servant areas, where an amount of 1.8 million rupiah were subsidized to each educator to survive during the pandemic season.

3.2   Saudi Arabia

Educational Incentives: 17 online educational platforms and broadcast channels for teachers and students

Incentives do not always come in a monetary form, hence in helping to support constituencies in moving forward, especially students and educators, action could be taken by providing convenience in educational activities, especially during the pandemic. Consequently, this is what has been done by the Saudi Arabia government. According to Alqassem, Dashash, and Alzahrani (2016), King Abdulaziz is very supportive when it comes to education enhancement hence resulting in the kingdom the heavy investment in the education areas. Resulting of the wealth and richness of the Kingdom, the government was able to provide 17 online educational platforms and broadcast channels of their own instead of utilizing any other US-made e-learning platforms, namely as iEN National educational platforms portal (Alqassem, Dashash, & Alzahrani, 2016). Other than that, the platform also hosted an amount of 850,000 virtual classrooms every day to accommodate teachers' and students' learning activities (Arab News, 2020). This might push both students and teachers to feel motivated to move forward regardless of the pandemic.

Incentives for Telecommunication, Commercial, and Miscellaneous Digital Services

As mentioned earlier, Internet connection and telecommunication services play a huge role in a person's life, especially during the pandemic. Therefore, Saudi Telecom Company, Zain Saudi Arabia and Mobily, several main telecom

companies in the Kingdom have worked hand in hand with the Saudi government in providing free-of-charge data services on platforms that are mostly used as a means for educational purposes (Hassounah, Raheel, & Alhefzi, 2020). Noted by Hasounah, Raheel, and Alhefzi (2020), this initiative intended to help constituencies for a smooth experience when accessing healthcare delivery as well as the e-learning process. Aside from free data service access for all, Saudi Arabia's Internet providers have also made the websites of governmental education and the Ministry of Health accessible even without an Internet connection. This action may contribute to easy education and health management in updating oneself with current news on the pandemic.

Free Healthcare Incentives and Vaccines for Citizens and Non-Citizens

Healthcare could be a huge burden to some people if they do not earn much. However, the Saudi Kingdom, as ordered by King Salman has pushed the government to make everyone regardless of their citizenship, or legal or illegal residents, everyone is eligible for free COVID-19 treatments including free vaccines (Arab News, 2020). As reported in the Arab News (2020), the Saudi government pays deeper attention to health priorities without discrimination, hence they are ensuring every human individual receives the highest standards of necessary treatments during the pandemic. For some foreigners, healthcare expenses were huge, and having to be granted this incentive could lessen the burden of every individual.

Incentives for Small and Medium Enterprises (SME) and Private sectors: Packages for tax and government fees exempt

During the pandemic, the economic and business sector highly affected their growth due to suspension and movement restrictions imposed. In regards, Saudi Arabia's government has worked on several initiatives for constituencies by providing SMEs and other private sectors with an allocated amount of USD45 billion of funds as a means to support local businesses (Arabian Business, 2020). Aside from that, the government has also helped constituencies especially SMEs with a SAR70 billion package that exempted and postponed any fee payment about governmental services as well as paying 60% of salaries for all private sector workers who are affected. Constituencies regardless of their earnings and background of the profession, everyone is affected emotionally, mentally, and physically, ranging from various perspectives due to the COVID-19 pandemic. Therefore, action and support from the government are crucial in making sure constituencies are in a good state and keep on moving forward. In a comparison of Indonesia's and Saudi's action and support in helping constituencies to move forward, action by both countries seems to be a great move and helpful especially those that revolve around Internet connection incentives. The utmost priorities during the pandemic are telecommunication and the Internet because it is the main hold for information. However, Indonesia seems to be active in giving incentives in monetary forms compared to Saudi in supporting constituencies to move forward. This might be derived from Indonesia having a high poverty and unemployment rate compared to Saudi Arabia.

4.0 CONCLUSION AND DISCUSSION

The COVID-19 pandemic has forced many countries to lock down their country to minimize the risk. It is a good step for the government to lock down their countries. This is because, the virus is spread from human to human, so, foreigners that enter the country can bring the virus with them and infect the local people. Other than that, it can also prevent people from traveling to other countries and increase the risk for them to be infected. Based on the results depicted in this article, responses by both countries Indonesia and Saudi Arabia have been listed as a means to compare how they reacted, the action, and their plan for managing the pandemic in the long term and short-term run. Researchers found out that both countries that reacted and responded to this pandemic were subjected to resource availability and their economic background as well. It can be concluded that Saudi Arabia responded to the pandemic better than Indonesia. However, they are taking specific measures and preparing for future circumstances.

Overall, it can be concluded that despite anything, economic stability and citizens' health are supposed to be the utmost priority in any country despite any political turmoil that exists. Based on all the comparisons made above, it can be said that both countries have done their job well. However, referring to the six prioritized strategies developed by the World Health Organisation (2020) as a response to the pandemic, include: (1) Train, deploy, and expand healthcare workers, (2)

implement a stable system in detecting suspected cases, (3) increase availability and ramping up test production, (4) Identify places that can be shifted or transformed to COVID centers for treatment, (5) invent plans for cases of quarantine and (6) refocusing on the measures from government in curbing virus, seems to lean more towards the efficiency of Saudi Arabia in complying to all proposed strategies made by WHO. In comparison, Indonesia seems to be active in giving incentives in monetary forms compared to Saudi in supporting constituencies to move forward. This might be derived from Indonesia having a high poverty and unemployment rate compared to Saudi Arabia.

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