

BUKTI KORESPONDENSI

ARTIKEL JURNAL INTERNASIONAL BEREPUTASI SCOPUS Q2

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Penulis	Antun Mardiyanta dan Calvin Nathan Wijaya
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Policy capacity during COVID-19 in Asia: A systematic literature review

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Abstract

COVID-19 has revealed the policy capacity of some governance institutions, both resilience and vulnerability. Hence, this circumstance has demanded public administration scholars and practitioners to rethink the existing governance practices, particularly in the making of effective crisis-related policy. This paper reviewed primary and secondary studies exploring the application of policy capacity competencies in facilitating COVID-19 handling in Asia. In achieving so, we did a systematic literature review of relevant studies published between January and October 2020. By applying the agreed search term to several databases, we found 2541 studies, whilst merely 30 were included for review. Findings from the studies are predominantly closely linked to operational capacity (n = 21). Other studies are related to political and analytical capacity (n = 14 and 7, retrospectively). We found that (1) there are still a little number of studies that dedicated to analytical capacity in the context of COVID-19; (2) each policy capacity facilitate COVID-19 handling in Asia according to the context of each country; and (3) there are some dilemmas and inadequacy of understanding concerning the role of features in certain capacities (such as technology use versus individual privacy, the paradox of trust and legitimacy, or centralisation versus decentralisation), particularly in the time of crisis, which is a calling for future research. For practical purposes, we suggest policymakers to (1) apply 'contextualised' policy capacity; (2) pay attention to the citizens' engagement and community-based organisation; and (3) start to improve the healthcare system for the future public health crisis.

Keywords:

policy capacity; COVID-19; public health policy; systematic review

1. Introduction

Coronavirus (COVID-19) was not just a tragedy in our humanity, however, also has reflected the fragility of some governance institutions, particularly in the public sector (Dunlop, Ongaro, & Baker, 2020, p. 366). One of the main reasons is the government's lack of capacity to govern in the time of crisis. On the other hand, many countries succeed to address this wicked pandemic problem because of high-level capacity which led to superior policy outputs and outcomes. In short, the success or failure of countries to address public crisis depends on their capacity to govern.

In the literature, the concept is known as '*policy capacity*'. Despite the wide-ranging debate of policy capacity, this term has been clearly defined as "the sets of skills and resources –or competences and capabilities– necessary to perform policy functions" (Wu, Ramesh, & Howlett, 2015, p. 166). Several things need to be underlined to understand policy capacity: (1) it covers all policy processes: agenda-setting, policy formulation, policy implementation, and policy evaluation; (2) it goes beyond the government itself to understand capacity, so it also embraces non-governmental institutions involvement; and (3) key to policy success are high level of capacities in multiple dimensions, however, it is not always in equal measure (Wu et al., 2015).

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Furthermore, policy capacity is *multidimensional*. It consists of three categories of main competence in policy capacity –analytical, operational, and political– that involves capabilities at also three levels: individual, organisational, and systemic (Wu et al., 2015). This categorisation generates a framework that comprises of nine basic types of policy capacity as described as follows.

Analytical capacity is a capacity that ensures that policy actions are *technically* sound. It can be understood as: an ability to access and apply technical and scientific knowledge and analytical techniques (individual level) (Howlett, 2015); organisational commitment to evidence-based policy (organisational level); and general state of scientific, statistical, and educational facilities in a society that facilitates high-quality information to carry on analytical and managerial function (systemic level) (Wu et al., 2015). *Operational capacity* (or managerial capacity) is ensuring policy action, also with its resources, can be *implemented*. It can be understood as: managerial function at the individual level; performance of policy managers on the internal organisation; and coordination of governmental and non-governmental efforts to address policy problem (systemic level) (Wu et al., 2015). *Political capacity* is closely linked to political support. Furthermore, it can be understood as follow: “policy acumen” or policy knowledge and experience as an individual; relationship with governance partner and the public (organisational level); and public trust or public legitimation of policy actions at the systemic level (Wu et al., 2015).

Those skills and resources are *interconnected*, however, governed by different considerations and their contributions to the policy process are separable and irreplaceable. They also may not be required for particular actions to succeed. This understanding left an issue to be addressed as Wu stated: “Are some capacity types more important than others? If yes, then what weighting should we attribute to them?” (Wu et al., 2015, p. 170).

Furthermore, in the context of crisis governance, in particular COVID-19, it has demanded public administration scholars and practitioners to rethink the existing governance and managerial practices. Dunlop et al. (2020) suggested seven analytical themes in the public policy and administration field that are central in responding to the challenges brought by COVID-19: policy design and instruments, policy learning, public service, and its publics, organisational capacity, public governance, administrative traditions and public sector reforms in multilevel governance (MLG). In short, this was a calling for researching COVID-19 in the context of public policy and administration.

The aforementioned problem inspired this paper to provide a systematic literature review concerning policy capacity in the COVID-19 pandemic, particularly in Asia. This paper aims to identify how policy capacity was applied in the time of crisis, particularly in dealing with COVID-19. It will address these three questions, based on the categorisation of main competencies in policy capacity: (1) How does *analytical capacity* facilitate COVID-19 handling in Asia?; (2) How does *managerial capacity* facilitate COVID-19 handling in Asia?; (3) How does *political capacity* facilitate COVID-19 handling in Asia? By answering these questions, this paper contributed to both theory and praxis of governance in the time of crisis. Theoretically, this paper contributes to the development of the theory of policy capacity by identifying which capacities need to be applied, particularly in the time of crisis, based on the reviews. Practically, this paper contributes to suggest policymakers and public managers in dealing with *recent* pandemic or *future* same crisis.

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2. Methods

This paper used a systematic literature review (SLR) as its method. It is *systematic* because of the use of the protocol to minimise bias and subjectivity in providing valuable summaries about a particular topic (Petticrew & Roberts, 2008, p. 10). SLR is used because we want to identify, assess, and summarise policy research, particularly policy capacity research, during COVID-19 to answer three research questions. By addressing those questions, this paper is expected to inform policymakers for better decision-making in the future, particularly in the time of crisis. Furthermore, this review is expected to find the gap for future research.

To make this research “systematic”, it will follow the adapted version of the protocol proposed by EPPI-Center (Davies et al., 2013, pp. 81–83) as illustrated in Figure 1.

1. Scoping the review: first of all, we need to develop clear inclusion criteria for the review (Table 1). The criteria types in this paper were inspired by Davies et al. (2013) and contextualised into the aims of this research.
2. Searching for studies: secondly, we collected relevant studies, both primary (empirical research paper) and secondary (literature review) literature, between 01.01.20 – 22.10.20 from Scopus, ProQuest, Emerald Insight, and Sage Journal using agreed search terms as stated below.
 (“COVID-19” OR “pandemic”) AND (“policy capacity” OR “governance capacity” OR “policy response” OR “policy design” OR “analytical capacity” OR “evidence-based policy” OR “evidence-informed policy” OR “knowledge-based” OR “policy analytics” OR “operational capacity” OR “managerial capacity” OR “strategic management” OR “political capacity” OR “public legitimacy” OR “public trust”).
3. Screening studies: thirdly, we screened the title, abstract, and keywords of the literature against the inclusion criteria. At this stage, we were also filtering multiple same pieces of literature from the databases to ensure there was no overlapping one.
4. Describing and mapping: fourth, a descriptive map was constructed to provide a systematic description of research activity concerning each question (Davies et al., 2013, p. 82). From each included study, we did a reading to summarise the methodology and findings and categorised it according to relevant research questions.
5. Quality and relevance appraisal: fifth, to assess the quality and relevance of the studies included, we used different strategies for each study based on its specific methodology. For this purposes, we used CASP qualitative checklist (Critical Appraisal Skills Programme, 2018) to assess qualitative research (including review article), CEBMa checklist for the case study and survey research (Center for Evidence-Based Management, n.d.-a, n.d.-b), JBI checklist for cross-sectional study (Moola et al., 2017), and Mixed Method Appraisal Tool (MMAT) for mixed-method study (Pluye, Robert, Cargo, & Bartlett, 2011).
6. Synthesising study finding: sixth, we summarised the findings narratively in ‘Results and Discussion.’ First, we described the results of the literature search. We also provide a table to present the results, including a brief description of each reviewed literature. Then, we address our review findings by synthesised them into three separate sections based on the research questions.

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7. Conclusion or recommendations: lastly, we draw conclusions and recommendations based on the findings to inform policymakers, public managers, and policy scholars.

3. Results

3.1. Result of the literature search

By applying the searching method on 23 October 2020, we found 2541 relevant studies suggested by the databases. Of a total of 2541 studies, 32 met our inclusion criteria. Those had been assessed using appropriate guidelines and 2 excluded from our review due to methodological insufficiency. Therefore, only 30 studies were included for review (Alam, 2020; Almutairi, Mustafa, Alessa, Almutairi, & Almaleh, 2020; Bakir, 2020; Chen, Yen, Yu, & Su, 2020; Cheng, Yu, Shen, & Huang, 2020; Dinh, 2020; Han et al., 2020; Hartley & Jarvis, 2020; Kim, 2020; La et al., 2020; Le, Nguyen, Ngo, Pham, & Le, 2020; Linh, Hanh, & Shaw, 2020; Lu, Liu, et al., 2020; Lu, Cai, Chen, & Liu, 2020; Park & Maher, 2020; Pramiyanti, Mayangsari, Nuraeni, & Firdaus, 2020; Shammi, Bodrud-Doza, Islam, & Rahman, 2020; Shangguan, Wang, & Sun, 2020; Sharma, Talan, & Jain, 2020; Siddiqui et al., 2020; Upadhaya, Wijethilake, Adhikari, Jayasinghe, & Arum, 2020; Vallejo & Ong, 2020; Weng, Ni, Ho, & Zhong, 2020; Wong & Jensen, 2020; Woo, 2020; Yang & Tsai, 2020; Yen, 2020; You, 2020; Yuncg, Cheong, Seng, & Li, 2020).

3.2. Description of the literature

For this systematic literature review, 30 studies were included. Table 2 summarised the characteristics of the literature by countries and linked them to the research questions, whether it is related to analytical capacity, operational capacity, or political capacity. Most of the studies were conducted in China and Vietnam, followed by South Korea, Bangladesh, Saudi Arabia, Singapore, and Taiwan. The studies were also conducted in other countries, such as Hong Kong, India, Indonesia, Macao, the Philippines, and Turkey. Moreover, there are 5 studies conducted in multiple countries within and outside Asia, however, only data from Asia countries are included in the review. Based on the relation to the research questions, the majority of the study has a connection to operational or managerial capacity (70 percent), while others to political and analytical capacity (46.67 and 23.33 percent sequentially).

4. Discussion

4.1. How does analytical capacity facilitate COVID-19 handling in Asia?

The evidence literature addressing research question 1 falls into four main themes: community knowledge and awareness, learning from the past, commitment to evidence-informed policy, and technological use in knowledge creation.

Community knowledge and awareness

There is reasonable evidence in the reviewed literature that community knowledge and awareness regarding COVID-19 promote its containment and treatment adequately (Siddiqui et al., 2020). This is related to analytical capacity at the individual level; however, at the same time also has a connection to information sharing at the organisational level. For instance, in Saudi Arabia, the people had a high level of knowledge regarding COVID-19 prevention (Siddiqui et al., 2020), and one of the main reasons for this was because the Ministry of Health in Saudi Arabia always educate and

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4 increase awareness of the public. Hence, community knowledge and awareness, which
5 are considered in this study as policy analytical capacity by the people, has contributed
6 to the COVID-19 handling.
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9 *Learning from the past*

10 According to the reviewed literature, there are several repeated mentions on the
11 capacity building that were performed by the government regarding pandemic (Alam,
12 2020; Bakir, 2020; Hartley & Jarvis, 2020; La et al., 2020; Lee, Hwang, & Moon, 2020;
13 Linh et al., 2020; Weng et al., 2020; Woo, 2020; Yen, 2020). Most of the governments
14 that succeed in handling COVID-19 effectively have learned from the past pandemic, e.g.
15 SARS, MERS, H5N1, H1N1, and other health crises. This form of capacity building was
16 built in a variety of form, namely (1) the institutionalisation of science advisory group
17 (such as Center for Strategic Future in Singapore, National Health Command Center in
18 Taiwan, and Korea Center for Disease Control and Prevention in South Korea) (Lee et
19 al., 2020, p. 471; Woo, 2020, p. 352; Yen, 2020, p. 456); (2) the creation of a legal
20 foundation for the pandemic, particularly Taiwan's Communicable Disease Control Act
21 (CDC Act); (3) the more experienced government and technocrats in dealing with
22 COVID-19 fight that results in the right decision making and effective policy
23 implementation (for instance, contact tracing, quarantine management, and face mask
24 policy) (Bakir, 2020, p. 435; Woo, 2020; Yen, 2020); (4) social memory that constructed
25 in the mind of the people affected raising awareness of COVID-19 (Hartley & Jarvis,
26 2020, p. 414); and lastly (5) preparation to fight against the pandemic (as discussed later).
27 On contrary, for Bangladesh, this pandemic was a new challenge for Bangladesh has not
28 experienced any significant outbreaks since its independence in 1971. Consequently,
29 mismanagement in the Bangladesh health sector happened (Alam, 2020). In short, past
30 pandemics and health catastrophe has been a precious legacy for many countries affected
31 to improve their institutional and managerial capabilities, as well as their collective
32 awareness in dealing with the recent pandemic.
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38 *Commitment to evidence-informed policy*

39 Successful governments in dealing with COVID-19 acknowledged the
40 importance of evidence-informed policy (La et al., 2020; Lee et al., 2020; Linh et al.,
41 2020; Vallejo & Ong, 2020). The enabling environment for the evidence-informed policy
42 is the commitment of the officials to perform evidence-based measures as well as to
43 support the science community, and this is considered as analytical capacity at the
44 organisational level. There are three countries, appertaining to the literature, undoubtedly
45 committed to evidence and science-based policymaking during COVID-19 handling: the
46 Philippines, South Korea, and Vietnam, among others. In this crisis, the Philippines
47 government and its public has "immediately recognised the importance of the role of
48 scientists providing science information in economic and political life" (Vallejo & Ong,
49 2020). Moreover, South Korea put huge attention to scientific evidence over politics (Lee
50 et al., 2020, p. 375), and the president also has constructed "a power hierarchy based on
51 professional knowledge and experience" (Lee et al., 2020, p. 471). Meanwhile, in
52 Vietnam, the government has invested in science and research to identify effective
53 response solutions that result in numerous studies regarding COVID-19 (Linh et al., 2020)
54 as well as using up-to-date research to give reliable information (La et al., 2020). This
55 form of analytical capacity has contributed to policy success in both countries.
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Technological use in knowledge creation

The technological tool is an essential component of analytical capacity as stated in many works of literature (Linh et al., 2020; Woo, 2020; Yen, 2020). Technology, particularly information and communication technology (ICT) is used to do contact tracing, implementation of measures effectively, achieved the intended policy goals more effectively (Woo, 2020, p. 354; Yen, 2020, p. 456), “online consultations, online medical declarations, risk communication, and online learning” (Linh et al., 2020). However, ICT raised an issue about individual privacy security.

4.2. How does operational capacity facilitate COVID-19 handling in Asia?

The evidence from the literature addressing research question 2 falls into three main themes: government readiness and quick response, transparent information release, effective public health policy, and effective non-pharmaceutical interventions.

Government readiness and quick response

Many works of literature highlight the contribution of government readiness and quick response to combat COVID-19 (La et al., 2020; Shangguan et al., 2020; Weng et al., 2020; Woo, 2020). Government readiness and quick response to COVID-19 related to capacity building from past experiences in handling pandemics and other public health crisis (related to ‘learning from the past’ section), for instance, Singapore has low levels of COVID-19 fatalities and this happened due to the existence of several key policy capacities that have been built, particularly capacity building on the healthcare system, since SARS pandemic crisis 17 years ago (Woo, 2020, pp. 348–349). This capacity was also demonstrated by the Vietnamese government (Dinh, 2020; La et al., 2020, p. 18). Preparedness and immediate action are the main contributors to successful response vis-à-vis the COVID-19 pandemic. Otherwise, initial delays and slow response against COVID-19, such as in China, resulted in worse circumstances where the rest of the world should fight this wicked problem (Shangguan et al., 2020, p. 12).

Transparent information release

Transparency in terms of information release is a key to effective COVID-19 transmission (La et al., 2020; Lu, Liu, et al., 2020; Shangguan et al., 2020; Yungc et al., 2020). When the outbreak emerged in Wuhan, China, one mistake that the Chinese government had done was minimum information release, due to strict government control over information (Shangguan et al., 2020). This centralisation of information and media, consequently, developed unpreparedness as well as unawareness of the people towards COVID-19. This practice was the opposite of what China’s Special Administrative Region, Macao, had done: ‘dialogic communication’ that is engagements with stakeholders through maximum media channels and networks as well as the commitment to transparent and genuine communication (Yungc et al., 2020). The condition in China changed after the information release on the COVID-19 was coordinated effectively at different levels, departments, and channels (Lu, Liu, et al., 2020). This evidence emphasises the importance of transparent information release to inform the people about the pandemic as well as its distribution to different media channels and networks. Furthermore, this transparent information dissemination should be done promptly and based on a reliable source of information, i.e. latest research, as seen in the Vietnam case (La et al., 2020). Finally, in the times of recovery from the pandemic, once again, this should be followed by inclusive and transparent risk communication towards the public

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4 (Shammi et al., 2020). Hence, transparent scientific information-release towards the
5 public, as well as the utilisation of wide-range communication media, is exceedingly
6 beneficial in containing COVID-19 in all stages.
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9 *Effective public health policy*

10 There is reasonable evidence in the literature that effective public health
11 interventions lead to better COVID-19 handling (Chen et al., 2020; Han et al., 2020; Linh
12 et al., 2020; Woo, 2020; Yen, 2020; You, 2020). Concerning public health policy, some
13 policies were implemented, such as face mask policy, contact tracing, free treatment and
14 testing for COVID-19, and improving response and infrastructure capacity of the
15 healthcare system.
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17 *Face mask policy.* The success of the fight against COVID-19, particularly in
18 Taiwan, China, and South Korea may be due to the government that relies heavily on the
19 face mask policy as preventive policy action (Chen et al., 2020, p. 10; Yen, 2020, p. 456).

20 *Contact tracing.* Besides the face mask policy, effective contact tracing with a
21 high number of mobilised contact tracers and established procedures for doing so also
22 played a critical role in the containment of COVID-19 (Chen et al., 2020, p. 10; Han et
23 al., 2020; Woo, 2020, p. 350). Furthermore, free treatment and testing for COVID-19,
24 social distancing, as well as lockdown also made a huge impact. On the other hand, delay
25 in implementing those policies may result in 'hidden' infected people and became a
26 forthcoming source of infection (Chen et al., 2020).
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28 *Improvement in the healthcare system.* Major epidemics in the past, namely SARS
29 in 2003 and MERS in 2015, motivated many Asian countries to invest in the
30 establishment of healthcare and public health infrastructure as preparation for hereinafter
31 public health crisis (Han et al., 2020). Furthermore, in the successful country in handling
32 the pandemic such as Vietnam, the government has put the priority on improving the
33 response capacity of the healthcare system, both curative and preventive sectors (Linh et
34 al., 2020).
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37 *Effective non-pharmaceutical interventions*

38 Non-pharmaceutical interventions, e.g. fiscal policy, economic policy, and social
39 policy, also identified in the literature as a response to COVID-19 impact on other sectors
40 apart from the public health sector (Kim, 2020; Le et al., 2020; Lu, Cai, et al., 2020; Park
41 & Maher, 2020; Upadhaya et al., 2020).
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43 *Fiscal policy.* Regarding fiscal policy, there is evidence from the literature that
44 there was a dilemma between 'prompt' or even tend to 'hasty' fiscal policy responses that
45 are necessary to fight COVID-19 and its consequences on fiscal soundness (Kim, 2020).
46 Furthermore, it also raised a question about fiscal federalism if the fiscal policy
47 development and implementation should be centralised or decentralised in the time of
48 crisis that needs an urgent response. The literature concludes, in South Korea,
49 decentralisation is less efficient rather than a more centrally directed fiscal policy (Park
50 & Maher, 2020, p. 593). Meanwhile, in the context of South Asia (i.e. India, Nepal, and
51 Sri Lanka), the government have "demonstrated the characteristics of 'reactive adapters'
52 in financial resilience" (Barbera et al. in Upadhaya et al., 2020). Also, the pandemic has
53 forced this region to strengthen its capacities through short-term fiscal and budgetary
54 responses (Upadhaya et al., 2020).
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56 *Economic policy.* Regarding economic policy, particularly on affected Small and
57 Medium Enterprises (SMEs) in Vietnam, there were several interventions implemented
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4 to help SMEs survivability and development: tax supporting policy, preferential policies
5 of the bank, capital support packages, insurance policy, the act of public administration,
6 and the role of a professional association (Le et al., 2020, p. 3690).

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8 *Social policy.* Social policy intervention is needed since the pandemic also caused
9 social risks and hazards. There is evidence in the literature that diverse forms of social
10 intervention were applied in various countries to respond to the social risk of COVID-19.
11 For instance, China adopted diverse social protection programs that comprise a wide
12 range of policy areas, e.g. insurance policy, monetary intervention, service-related
13 intervention, and legal intervention (Lu, Cai, et al., 2020, p. 12). This holistic approach is
14 also suggested concerning labor policy response in India (Sharma et al., 2020).

15 16 17 **4.3. How does political capacity facilitate COVID-19 handling in Asia?**

18 The evidence from literature addressing research question 3 falls into four main
19 themes: political trust and legitimacy, political communication, political leadership, and
20 coproduction, citizens' cooperation and community capacity.

21 22 *Political trust and legitimacy*

23 In the context of political capacity during COVID-19, political trust and
24 legitimacy were most discussed by reviewed literature (Almutairi et al., 2020; Hartley &
25 Jarvis, 2020; Wong & Jensen, 2020; Yen, 2020). While there was evidence in the
26 literature concerning a positive correlation between public trust and COVID-19 handling
27 particularly in Saudi Arabia and Taiwan (Almutairi et al., 2020, p. 756; Yen, 2020, p.
28 758), we also found that there is a *paradox* of trust and legitimacy, particularly in the case
29 of Hong Kong and Singapore. Hong Kong public trust in the government is low as seen
30 in ongoing demonstrations by pro-democracy supporters against the government. This
31 circumstance is also compounded with many suspicions toward the government that the
32 pandemic "would be used by authorities to clamp-down on pro-democracy advocates and
33 extend Beijing's authority over the territory" (Hartley & Jarvis, 2020, p. 410). However,
34 despite (and because of) low levels of political trust and legitimacy towards the
35 government, community-based mobilisation has been the main resource in the
36 containment of COVID-19 in Hong Kong, e.g. grassroots activists' response by providing
37 facemasks to marginal and poor citizens. This community response to COVID-19 is built
38 around "perceptions of government failure, non-responsiveness, and questions about the
39 transparency and accuracy of government information in dealing with the virus" (Hartley
40 & Jarvis, 2020, p. 411).

41 On the contrary, in Singapore, the public trust in the government was quite high,
42 however, surprisingly consequence in low compliance with the government's risk
43 management measures (Wong & Jensen, 2020, p. 8), due to low levels of perceived risk
44 by the Singaporean. In other words, the high level of public trust in the government has
45 resulted in "the underestimation of risk by the public and non-cooperative behaviour"
46 (Wong & Jensen, 2020, p. 9).

47 This paradox and contrary condition regarding the role of public trust and
48 legitimacy, particularly in Hong Kong and Singapore, challenged the argument that
49 systemic-political capacity (that is indicated by "the level of trust in the political, social,
50 economic, and security spheres of policy action") is the one which potentially shapes all
51 other capacities (Wu et al., 2015, p. 170). In short, these findings show that there is no
52 one-size-fits-all explanation of whether public trust and legitimation promote better
53 COVID-19 handling.
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Political communication

There is reasonable evidence in the literature to conclude that effective political communication and information dissemination facilitate COVID-19 handling, in particular, to enhance public compliance and trust in regulation and government (Bakir, 2020; La et al., 2020; Lee et al., 2020; Pramiyanti et al., 2020; Weng et al., 2020; Yung et al., 2020). There are two methods for political communication: substantive information-based tools and communicative discursive strategies (Bakir, 2020, p. 434). The substantive information-based tool comprises knowledge and information sharing (closely related to analytical-capacity and organisational political capacity) and is characterised by its technical terminologies concerning the pandemic. Meanwhile, a communicative discursive strategy that is closely related to public trust can be seen as a policy tool to influence public opinions and perceptions (Bakir, 2020, p. 426). In this strategy, COVID-19 was framed dramatically as an existential ‘enemy’ to ‘fight against’ with ‘solidarity’ (Bakir, 2020, p. 426; La et al., 2020, p. 20). In the case of Vietnam, where COVID-19 was handled effectively, the discursive strategy was used more often rather than ‘technical’ knowledge and information (La et al., 2020, p. 20). However, both strategies must be equally used in communicating with the public.

When it comes to instruments to disseminate information, the successful country government (i.e. South Korea and Vietnam) used diverse platforms, both traditional media channels and new media channels (e.g. short message service, social networks, mobile applications, and websites), for quick and efficient information disclosure. It increased information access to help citizens in improving their awareness and reducing infection risk (Lee et al., 2020; Weng et al., 2020, p. 502). Furthermore, the using of influencers to share information also played a critical role in improving government communication capability in the time of crisis (Pramiyanti et al., 2020, p. 17).

Political leadership

Political leadership that is rooted in administration tradition and resulted in policy style also plays a critical role in COVID-19 handling (Bakir, 2020). It argues that a ‘strong’ and ‘exclusive’ presidential administration is more likely to produce a quick and decisive policy response rather than the parliamentary system (Bakir, 2020, p. 425). This quick and decisive response has emerged from strong political and bureaucracy loyalty as seen in Turkey. However, this ‘strong leader’ tradition is more likely to produce policy failures, because of its exclusiveness which leads to the limitation of policy definition. Hence, there is a lack of inclusive policy feedback, and the potential for failures in the policy design and implementation process (Bakir, 2020).

Coproduction, citizens’ cooperation, and community capacity

There is reasonable evidence of the significant role of citizens and community-based organisation in public good and service provision and COVID-19 handling (Alam, 2020; Cheng et al., 2020; Hartley & Jarvis, 2020; La et al., 2020; Lee et al., 2020; Woo, 2020; Yang & Tsai, 2020; Yen, 2020). There are three emphasises in this section: (1) coproduction; (2) citizen cooperation; and (3) community capacity.

Coproduction. Coproduction implies that “citizens can play an active role in producing public goods and services of consequence to them” (Ostrom in Cheng et al., 2020). It is clear that coproduce response to COVID-19 was a key determinant for effective COVID-19 handling at the local level in China (Cheng et al., 2020, p. 1).

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Citizens' cooperation. Citizens' cooperation emerged from a strong two-way communication channel between the government and the civil society (Yen, 2020, p. 456). In the case of Taiwan, the communication was not only top-down (from the government to citizen; e.g. daily press conference, information dissemination, etc.) but also *bottom-up* which could be seen in citizen critiques and question to the government demanding transparency and responsiveness (Yen, 2020, p. 464). Through these repeated interactions with society, the government can also "refine its crisis to manage strategies to better align the intended policy goals and people's behaviors" (Yen, 2020, p. 466). In South Korea, citizens were also highly cooperative in managing a national-level general election and successfully conducted it without spreading the disease (Lee et al., 2020, p. 377). Meanwhile, in Vietnam, quick and authentic cooperation between government, civil society, and the private sector also contributed significantly to COVID-19 containment in this country (La et al., 2020). However, in the case of Bangladesh, the inclination of state actors to "carry out their responsibilities by themselves and not collaborating with non-state actors" led to dysfunctionality and counter-production in managing the pandemic (Alam, 2020). Hence, citizens' cooperation played a huge role in COVID-19 spread handling, and this cooperation emerged from a transparent and reliable government.

Community capacity. Despite the high-level of the other capacities, deficiency in community engagement may have negatively impacted COVID-19 response, as in the Singapore case (Woo, 2020, p. 356). Singapore's government had failed to deal with foreign worker welfare and caused a high level of COVID-19 among Singapore's foreign workers. This lack of awareness was caused by insufficient communication between the government and NGOs, particularly those who work with foreign worker welfare (Woo, 2020, p. 356). On the other hand, collective action (including the community-based organisation) in Hong Kong, despite low-trust in the government, results in better COVID-19 handling (Hartley & Jarvis, 2020, p. 415). This case exhibits the importance of collective action in tandem with all stakeholders to combat COVID-19. Furthermore, in the context of a democratic society, it has been proven that "the democratic values did not deter the pursuit of collective safety at the cost of civil liberty; rather, people with higher social trust more likely to give up their civil liberties in exchange for public safety" (Yang & Tsai, 2020). Thus, the collective actions by the citizens as a community, despite its democratic values, had contributed to better community resilience against COVID-19.

5. Conclusion and Recommendations

The review highlighted a wide-range of policy capacities (whether analytical, operational, or political capacity) role in COVID-19 handling in Asia. Regarding analytical capacity, there are four main themes identified from the literature: community knowledge and awareness, learning from the past, commitment to evidence-informed policy, and technological use in knowledge creation. Regarding operational capacity, there are three main themes identified from the literature: government readiness and quick response, transparent information release, effective public health policy, and effective non-pharmaceutical interventions. Regarding political capacity, there are four key themes identified from the literature: political trust and legitimacy, political communication, political leadership, and coproduction, citizens' cooperation and community capacity. Nevertheless, most of the studies are related to operational capacity, while there are just a little amount of studies on analytical capacity.

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5 While this review has addressed the research questions, we were surprised that
6 there are still dilemmas regarding the implementation and implication of certain policy
7 capacity. For instance, technological use versus individual privacy, the paradox of trust
8 and legitimacy, or centralisation versus decentralisation in crisis management. This
9 inadequacy of understanding leads to opportunities for future research. Therefore, we
10 suggest the following recommendations:

- 11 1. Future policy capacity research, particularly in times of crisis, needs to provide
12 more studies on analytical capacity;
- 13 2. Future policy capacity research, particularly in times of crisis, needs to address
14 the dilemmas in the policy capacity discourse and praxis as we have stated above;
- 15 3. Future policy capacity research, particularly in times of crisis, also needs to
16 accommodate community capacity research as it has been shown in the literature
17 that it played an important role in dealing with the pandemic.

18 Although this review was conducted in the context of Asia policy capacity, our
19 findings are applicable internationally. Based on our findings, we suggest
20 recommendations to policymakers and public managers in dealing with *recent* or *future*
21 pandemic as follows:
22

- 23 1. Policymakers and public managers should apply policy capacity, whether
24 analytical, operational, or political, in COVID-19 handling according to the
25 context of each countries □no one-size-fits-all application;
- 26 2. Policymakers and public managers should pay attention to the engagement of
27 citizens and community-based organisation in combating severe and catastrophic
28 crisis;
- 29 3. Policymakers and public managers should learn from this pandemic and improve
30 their healthcare systems for the future public health crisis.
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For Peer Review

Figure 1: Diagram of the systematic literature review process



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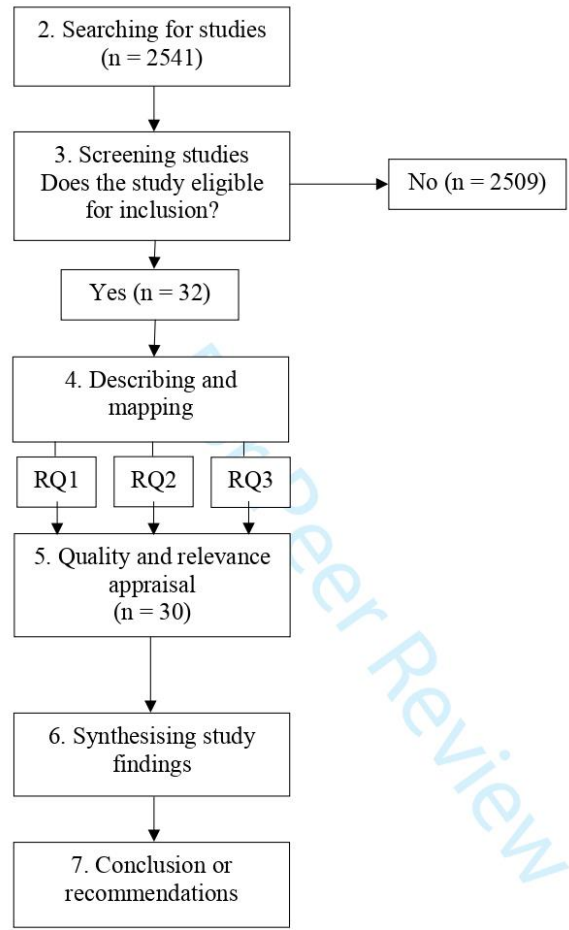


Table 1: Inclusion criteria for the review

Typology	Inclusion criteria
Topic	Relating to at least one of the research questions (either analytical capacity, managerial capacity, or political capacity in the context of COVID-19 handling).

Timeframe	Published between 01.01.20 – 22.10.20.
Geographical spread	Referring to at least one Asia country.
Study base	Empirical, either quantitative or qualitative; or literature review.
Transparency	Explicitly state its methodology.

Table 2: Summary of literature characteristics

	N (30 total)	%
<i>Countries</i>		
China (Mainland)	4	13.33
Vietnam	4	13.33
South Korea	3	10
Bangladesh	2	6.67
Saudi Arabia	2	6.67
Singapore	2	6.67
Taiwan	2	6.67
Hong Kong	1	3.33
India	1	3.33
Indonesia	1	3.33
Macao	1	3.33
Philippines	1	3.33
Turkey	1	3.33
Multiple countries	5	16.67
<i>Relation to the research questions (multiple allowed)</i>		
RQ1	7	23.33
RQ2	21	70
RQ3	14	46.67
<i>Type of Literature</i>		
Primary	15	50
Secondary	15	50
<i>Methods</i>		
Qualitative study	21	70
Case study	2	6.67
Survey research	5	16.67
Cross-sectional study	1	3.33
Mixed methods study	1	3.33

BUKTI KORESPONDENSI

ARTIKEL JURNAL INTERNASIONAL BEREPUTASI SCOPUS Q2

Judul Artikel : Policy Capacity During Covid-19 in Asia: A Systematic Literature Review

Jurnal : Journal of Public Affairs

Penulis : Antun Mardiyanta dan Calvin Nathan Wijaya

No.	Perihal	Tanggal
4.	Bukti hasil <i>review</i> artikel	20 September 2021

Journal of Public Affairs - Decision on Manuscript ID JPA-21-375

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20-Sep-2021

Dear Dr Mardiyanta,

Manuscript ID JPA-21-375 entitled "Policy capacity during COVID-19 in Asia: A systematic literature review" which you submitted to Journal of Public Affairs has been reviewed. The comments of the referee(s) are included at the bottom of this letter.

A revised version of your manuscript that takes into account the comments of the referee(s) will be reconsidered for publication.

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Once again, thank you for submitting your manuscript to Journal of Public Affairs and I look forward to receiving your revision.

Sincerely,

Professor Phil Harris
Editor-in-Chief, Journal of Public Affairs
P.Harris@chester.ac.uk

Referee(s)' Comments to Author:

Reviewing: 1

Comments to the Author

This article investigates policy capacity during COVID-19 in Asia. Although the paper conveys an interesting topic, I suggest the following amendments to have an avenue to reach a publication.

1. The authors must proof-read the manuscript since there are some typos and grammatical mistakes. For example – in the second paragraph of the 'Introduction' section, the line "This categorisation generates a framework that comprises of nine basic types of policy capacity as described as follows." has grammatical error.
2. The authors are advised to add one paragraph on the organisation of the manuscript.
3. The methodology is well-written but the authors must refer to following paper by Tranfield who has introduced the methodology in management field

Tranfield, D., Denyer, D., & Smart, P. (2003). Towards a methodology for developing evidence-informed management knowledge by means of systematic review. *British journal of management*, 14(3), 207-222.

4. In the "Results" section, the authors cited all 30 studies under consideration. I would suggest presenting the studies in a table.
5. I fail to understand why authors have chosen Asia for contextualisation of their study. Therefore, they are asked to provide rationale for choosing Asia, as a separate paragraph, in the introduction section
6. The authors may use prisma diagram to represent the inclusion and exclusion criteria for the papers under study. Explain the entire process of selecting the papers and why the others have been excluded through the diagram
7. The authors are recommended to add limitations of the study in the conclusion section.

Reviewing: 2

Comments to the Author

Comments:

1. The research paper is well-written, well-researched and indeed, much needed in contemporary time to understand the public policy formulation and subsequent implementation with respect to COVID-19.
2. The development and application of framework and methodology makes it more scientific in nature.
3. The existing analysis must be extended and is required to be refined. Kindly give it more strength in relation to the existing body of knowledge.
4. There are few grammatical issues in the script. Kindly review the whole write-up.
5. The paper is recommended for publication after the incorporation above of points.

I am grateful to Journal of Public Affairs for reviewing this article

Reviewing: 3

Comments to the Author

The study is interesting and timely but does not have a strong rationale. The manuscript suffers from bad English. There is no flow in the writing. The paragraphs seem to be a collection of disjointed sentences. The manuscript requires substantial revision. I have the following specific comments:

1. The title includes Asia. I do not understand why authors are interested to study the policy capacity of Asian countries in handling COVID-19. Does the policy capacity differ across continents? Is there any basis?
2. The first paragraph does not introduce the topic well. Authors need to write what factors have helped or incapacitated governments across the globe to handle the COVID-19 pandemic.
3. In the second paragraph, from the many factors discussed in the previous paragraph, the authors need to justify why policy-related factors are important in handling the pandemic.
4. In the third paragraph authors need to focus on the importance of policy capacity in general and during a crisis.
5. Then authors need to highlight the concept of policy capacity and present how different capacities are relevant for handling the COVID-19 pandemic.
6. The last paragraph of the introduction section seems to be fine.
7. Method section is written in Past tense and/ or Present Perfect tense. But authors have used Future tense in the second paragraph of the Method section. For example, "To make this research "systematic", it will follow the adapted." I personally recommend authors to take the help of Language Editing services.
8. The use of the EPPI-centre protocol has to be justified.
9. It seems the authors are too much influenced by Davies et al.'s (2013) work. Even though they have used the EPPI-centre protocol, they have not cited the EPPI-centre. This is very surprising. Please explain why have not you cited EPPI-centre.
10. The method section is the second weakest part of the paper after the

Introduction. All the steps must be very carefully and accurately explained. because the method makes your study systematic.

11. Section 3.1 has no meaning. Present the information in a table for more clarity.

12. Section 3.2 is almost duplicating Table 2. Not required. The table is more clear.

What is Asia countries in Table 1? I think it is Asian countries. Please check.

13. The Discussion section must have a beginning introducing the findings to be discussed.

14. The recommendations are very generic. Provide specific recommendations and emphasize how exactly it can help to handle pandemic-like situations in the future.

BUKTI KORESPONDENSI

ARTIKEL JURNAL INTERNASIONAL BEREPUTASI SCOPUS Q2

Judul Artikel : Policy Capacity During Covid-19 in Asia: A Systematic Literature Review

Jurnal : Journal of Public Affairs

Penulis : Antun Mardiyanta dan Calvin Nathan Wijaya

No.	Perihal	Tanggal
5.	Bukti penerimaan revisi	20 November 2021

Journal of Public Affairs - Manuscript number JPA-21-375.R1

Eksternal

Kotak Masuk



Kausalya Boobalan <onbehalfof@manuscriptcentral.com> Sab, 20 Nov 2021, 05.36

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19-Nov-2021

Dear Dr Mardiyanta,

Your manuscript entitled "Policy capacity during COVID-19 in Asia: A systematic literature review" has been successfully submitted online and is presently being given full consideration for publication in Journal of Public Affairs.

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No.	Perihal	Tanggal
6.	Bukti notifikasi	22 November 2021

JPA-21-375.R1 has been unsubmitted

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Kotak Masuk



Kausalya Boobalan <onbehalfof@manuscriptcentral.com> Sen, 22 Nov 2021, 15.45

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22-Nov-2021

Dear Dr Mardiyanta,

Your manuscript, number JPA-21-375.R1, entitled "Policy capacity during COVID-19 in Asia: A systematic literature review" has been unsubmitted from Journal of Public Affairs, because you did not complete the following parts of the submission:

- Kindly in-text cite Table 3 in the main document.
- Kindly provide the data availability statement in the ScholarOne system.
- Please provide a point-by-point response to the reviewers' comments in the Author response letter.

I would be grateful if you could amend your paper as above before resubmitting. You can find your paper in your Author Centre under 'Unsubmitted Manuscripts'. Please click on 'Unsubmitted manuscripts' and then 'Continue submission' to re-submit the manuscript for consideration for publication.

For author guidelines, see [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1479-1854/homepage/ForAuthors.html](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1479-1854/homepage/ForAuthors.html). You may contact the Editorial Office if you have further questions.

Sincerely,

Editorial Office
Journal of Public Affairs

BUKTI KORESPONDENSI

ARTIKEL JURNAL INTERNASIONAL BEREPUTASI SCOPUS Q2

Judul Artikel : Policy Capacity During Covid-19 in Asia: A Systematic Literature Review

Jurnal : Journal of Public Affairs

Penulis : Antun Mardiyanta dan Calvin Nathan Wijaya

No.	Perihal	Tanggal
7.	Bukti kedua: artikel yang telah disubmit (setelah revisi mayor)	26 November 2021



Policy capacity during COVID-19 in Asia: A systematic literature review

Journal:	<i>Journal of Public Affairs</i>
Manuscript ID	JPA-21-375.R1
Wiley - Manuscript type:	Research Article
Keywords:	policy capacity, COVID-19, public health policy, systematic review

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Policy capacity during COVID-19 in Asia: A systematic literature review

1. Introduction

COVID-19 was not just a tragedy in our humanity, however, it also has reflected the fragility of some governance institutions in the public sector (Dunlop, Ongaro, & Baker, 2020, p. 366). From the outbreak until now, there have been a huge number of studies which address government capacity in handling the disease. Some concern of the studies revolves around legitimacy (Christensen & Lægred, 2020), effective crisis management (Correia, Mendes, Pereira, & Subtil, 2020; Mascio, Natalini, & Cacciato, 2020), policy choice (Gaskell, Stoker, Jennings, & Devine, 2020), information flow (Gao & Yu, 2020; Zhang & Zhang, 2020), centralisation and decentralisation (Ang, 2020; Desson, Weller, McMeekin, & Ammi, 2020; Zhang & Zhang, 2020), public leadership (Plaček, Špaček, & Ochrana, 2020), the role of science (Van Dooren & Noordegraaf, 2020), and state-society relationship (Kavaliunas, Ocaya, Mumper, Lindfeldt, & Kyhlstedt, 2020). The list of literature could be even longer if we try to include more studies. In short, the abundance of literature concerning COVID-19 handling shows how this messy problem could be approached from different aspects.

However, despite the wide-ranging aspects that affect the government's capacity to handle this pandemic, policy-related factors play even more crucial roles in handling the pandemic. For example, in terms of policy design, it was argued that policy design "forge the process and content of the response" to COVID-19 (Capano, 2020). Policy narrative was also central to the effectiveness of government response (Mintrom & O'Connor, 2020). In approaching COVID-19 as an unfolding event, policy learning was essential to "formulate appropriate policies and implement them accordingly" (Raofi et al., 2020) that resulting in success in controlling the pandemic (Baniamin, Rahman, & Hasan, 2020). Support towards policy also may play a pivotal role in handling COVID-19 (Earnshaw et al., 2020). Similarly, this notion also suggested by Dunlop et al. (2020) that there are seven analytical themes in the public policy and administration field that are central in responding to the challenges brought by COVID-19: policy design and instruments, policy learning, public service, and its publics, organisational capacity, public governance, administrative traditions and public sector reforms in multilevel governance (MLG). In short, there will be no way to understand the effectiveness of the response to COVID-19 without the understanding of policy and politics (Greer, King, da Fonseca, & Peralta-Santos, 2020).

In this paper, we focused on how the policy capacity facilitates COVID-19 handling. Despite the wide-ranging debate of policy capacity, this term has

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been clearly defined as “the sets of skills and resources □or competencies and capabilities□ necessary to perform policy functions” (X. Wu, Ramesh, & Howlett, 2015, p. 166; Xun Wu, Ramesh, & Howlett, 2018, p. 3). In general, high levels of policy capacity results in superior policy outputs and outcomes while policy failure are linked with capacity shortfall (Xun Wu et al., 2018, p. 1). Therefore, policy capacity has been a major concern for governance institutions when dealing with messy societal problems, such as COVID-19 global pandemic.

Several things need to be underlined to understand policy capacity: (1) it covers all policy processes: agenda-setting, policy formulation, policy implementation, and policy evaluation; (2) it goes beyond the government itself to understand capacity, so it also embraces non-governmental institutions involvement; and (3) key to policy success are high level of capacities in multiple dimensions, however, it is not always in equal measure (X. Wu et al., 2015). Furthermore, policy capacity is *multidimensional*. It consists of three categories of main competence in policy capacity □analytical, operational, and political□ that involve capabilities at three levels: individual, organisational, and systemic (X. Wu et al., 2015). This categorisation generates a framework that comprises nine basic types of policy capacity as described as follows.

Analytical capacity is a capacity that ensures that policy actions are *technically* sound. It can be understood as: an ability to access and apply technical and scientific knowledge and analytical techniques (individual level) (Howlett, 2015); organisational commitment to evidence-based policy (organisational level); and general state of scientific, statistical, and educational facilities in a society that facilitates high-quality information to carry on analytical and managerial function (systemic level) (X. Wu et al., 2015). *Operational capacity* (or managerial capacity) ensures policy action, also with its resources, can be *implemented*. It can be understood as: managerial function at the individual level; performance of policy managers on the internal organisation; and coordination of governmental and non-governmental efforts to address policy problems (systemic level) (X. Wu et al., 2015). *Political capacity* is closely linked to political support. Furthermore, it can be understood as follow: “policy acumen” or policy knowledge and experience as an individual; relationship with governance partner and the public (organisational level); and public trust or public legitimation of policy actions at the systemic level (X. Wu et al., 2015). However, those skills and resources are interconnected, governed by different considerations, and their contributions to the policy process are separable and irreplaceable. They also may not be required for particular actions to succeed. This understanding left an issue to be addressed as Wu stated: “Are some

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4 capacity types more important than others? If yes, then what weighting should
5 we attribute to them?" (X. Wu et al., 2015, p. 170).
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8 Moreover, we focused on Asian countries' policy capacity in dealing with
9 COVID-19. There are several reasons for this. First, Asia has its unique
10 administrative civilisation and policy style (Cheung, 2013; Mukherjee &
11 Howlett, 2016). As Mukherjee & Howlett (2016) noted, this uniqueness is based
12 on a specific pattern of policy capacities and governance modes. Nevertheless,
13 the distinct feature of governance has been under-studied (Cheung, 2013).
14 Second, the unique feature of administrative and policy style frequently
15 contradicts the Western style of governing. For instance, it is common that the
16 Asiatic mode of governance tends to be pro-state (state-centric) and pro-
17 bureaucrats (Cheung, 2013, p. 256) which is not compatible with Western
18 "colonial" ideas of good governance. Another distinguishing feature is its
19 tendency to embrace spiritual, moral, and cultural-based values (Farazmand &
20 Balilaj, 2015). It is also more comfortable performing political and operational
21 tasks than analytical tasks (Saguin, Ramesh, & Howlett, 2018).
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28 The aforementioned problem inspired this paper to provide a systematic
29 literature review concerning policy capacity in the COVID-19 pandemic. This
30 paper aims to identify how policy capacity was applied in the time of crisis,
31 particularly in dealing with COVID-19. It addresses these three questions, based
32 on the categorisation of main competencies in policy capacity: (1) How does
33 *analytical capacity* facilitate COVID-19 handling in Asia?; (2) How does
34 *managerial capacity* facilitate COVID-19 handling in Asia?; (3) How does
35 *political capacity* facilitate COVID-19 handling in Asia? By answering these questions,
36 this paper contributed to both theory and praxis of governance in the time of
37 crisis. Theoretically, this paper contributes to the development of the theory of
38 policy capacity by identifying which capacities need to be applied, particularly
39 in the time of crisis, based on the reviews. Practically, this paper contributes to
40 suggest policymakers and public managers in dealing with *recent* pandemic or
41 *future* crises.
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47 This paper has been organised in the following way: Introduction, Methods,
48 Results and Discussion, and Conclusion. The first section of this paper gives a
49 rationale for conducting a systematic literature review. The methods section
50 consists of a detailed protocol for doing a systematic review. Results and
51 discussion provide the review's synthesis, beginning with descriptive analysis
52 of the findings and thematic analysis hereafter. The last section concludes the
53 review, gives recommendation, and state the limitations.
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57 2. Methods

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This paper used a systematic literature review (SLR) as its method. We attempted to synthesize policy research, particularly policy capacity-related literature in COVID-19, to answer three research questions. This paper is expected to serve policymakers for better evidence-informed decision-making, particularly when dealing with a global health crisis by addressing those questions. In other words, this review paper creates a “pragmatic science” characterised by theoretical and methodological rigour and practical relevance (Tranfield, Denyer, & Smart, 2003, p. 219). Furthermore, this review also contributed to the academic community by finding the gap for future policy capacity research.

We follow the review methods proposed by EPPI-Centre (Gough, Oliver, & Thomas, 2012). This protocol was adopted because it appreciates mixed (quantitative or qualitative) methods review (EPPI-Centre, 2019). In comparison with traditional “positivistic” systematic review in medical research, EPPI-Centre review methods fulfill the needs for different systematic review approaches in social research (Oakley, 2012, p. viii), in particular by including qualitative-phenomenological perspective in the review process (Tranfield et al., 2003, pp. 212–213). According to Oakley (2012, viii), this approach is helpful to understand the complex nature and “messy world of social research.” We considered this review method suitable for the context of complex and chaotic governance of the COVID-19 pandemic, which also results in various types of research output. The methods’ usage aimed to minimise bias and subjectivity in providing valuable summaries about a particular topic (Petticrew & Roberts, 2008, p. 10).

In the light of EPPI-Center review methods, we develop a protocol for conducting the review as follows (EPPI-Centre, 2010; see Figure 1).

1. *Scoping the review.* Prior to conceptualising research questions, we developed clear inclusion criteria that met the aim of the review. We include original research papers, either quantitative or qualitative, and review papers relating to at least one of the research questions (either analytical capacity, managerial capacity, or political capacity in the context of COVID-19 handling in Asian countries). The study must be transparent, namely, explicitly stating its methodology.
2. *Searching for studies.* We collected relevant studies published between January 1, 2020, and October 22, 2020, through four electronic databases, namely Scopus, ProQuest, Emerald Insight, and Sage Journal. To reduce the risk of bias, we use agreed searching strategy as stated below:

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("COVID-19" OR "pandemic") AND ("policy capacity" OR "governance capacity" OR "policy response" OR "policy design" OR "analytical capacity" OR "evidence-based policy" OR "evidence-informed policy" OR "knowledge-based" OR "policy analytics" OR "operational capacity" OR "managerial capacity" OR "strategic management" OR "political capacity" OR "public legitimacy" OR "public trust").

3. *Screening studies.* We independently screened the title, abstract, and keywords of the study using the pre-determined inclusion criteria. At this stage, we were also filtering multiple same pieces of literature from the databases to ensure there was no overlapping one. Any disagreements at this step were resolved through discussion between us.
4. *Describing and mapping.* A descriptive map was constructed to provide a systematic description of the research activity concerning each question. We read from each included study to summarise the methodology and findings and categorised them according to relevant research questions. Table 3 presents the descriptive map of the reviewed literature in this paper.
5. *Quality and relevance appraisal.* We independently assessed the methodological quality of all included studies using different strategies for each study based on its specific methodology. For this purposes, we used CASP qualitative checklist (Critical Appraisal Skills Programme, 2018) to assess qualitative research and review articles, CEBMa checklist for the case study and survey research (Center for Evidence-Based Management, n.d.-a, n.d.-b), JBI checklist for cross-sectional study (Moola et al., 2017), and Mixed Method Appraisal Tool (MMAT) for mixed-method study (Pluye, Robert, Cargo, & Bartlett, 2011).
6. *Synthesising study finding.* We summarised and reported the findings using narrative synthesis. This type of synthesis is known for its simplicity and does not attempt to generalise the findings (Tranfield et al., 2003, p. 217). Rather, it brings together the results from different types of studies "to provide an accessible combination of results from individual studies in structured narratives or summary tables" (EPPI-Centre, 2010, p. 15). Firstly, we provide a full and detailed descriptive analysis of the studies in tabular form. Then, we did a thematic analysis of studies guided by three types of policy capacity, namely analytical, operational, and political capacity, and discussed them separately.

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7. *Conclusion or recommendations.* We draw conclusions and recommendations based on the synthesis findings to inform policymakers, public managers, and policy scholars.

3. Results and Discussion

3.1. The nature of included studies

We found 2541 studies suggested by the databases. Of 2541 studies, 2509 were excluded (N = 32) because they did not meet our inclusion criteria (see Table 1). Prior to reading the whole document and careful methodological assessment, two studies were excluded, resulting in 30 studies to be included for review. Figure 1 provides a PRISMA flow diagram delineating the number of studies included and excluded at a different stage of the review process. Table 2 summarised the characteristics of the included studies by countries and linked them to the research questions, whether it is related to analytical capacity, operational capacity, or political capacity.

3.2. Discussion

In the following section, we synthesise the findings narratively. We presented the review thematically, using the research questions as the guide.

3.2.1. How does analytical capacity facilitate COVID-19 handling in Asia?

The evidence literature addressing research question 1 falls into four main themes: community knowledge and awareness, learning from the past, commitment to evidence-informed policy, and technological use in knowledge creation.

Community knowledge and awareness

There is reasonable evidence in the reviewed literature that community knowledge and awareness regarding COVID-19 promote its containment and treatment adequately (Siddiqui et al., 2020), which is related to analytical capacity at the individual level. However, at the same time also has a connection to information sharing at the organisational level. For instance, in Saudi Arabia, the people had a high level of knowledge regarding COVID-19 prevention (Siddiqui et al., 2020). One of the main reasons for this was that the Ministry of Health in Saudi Arabia always educates and increases public awareness. Hence, community knowledge and awareness, considered in this study as policy analytical capacity by the people, has contributed to the COVID-19 handling.

Learning from the past

According to the reviewed literature, there are several repeated mentions on the capacity building that the government performed regarding pandemic (Alam, 2020; Bakir, 2020; Hartley & Jarvis, 2020; La et al., 2020; Lee, Hwang, & Moon,

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2020; Linh, Hanh, & Shaw, 2020; Weng, Ni, Ho, & Zhong, 2020; Woo, 2020; Yen, 2020). Most governments that effectively handle COVID-19 have learned from the past pandemic, e.g., SARS, MERS, H5N1, H1N1, and other health crises. This form of capacity building was built in a variety of forms, namely (1) the institutionalisation of science advisory groups (such as Center for Strategic Future in Singapore, National Health Command Center in Taiwan, and Korea Center for Disease Control and Prevention in South Korea) (Lee et al., 2020, p. 471; Woo, 2020, p. 352; Yen, 2020, p. 456); (2) the creation of a legal foundation for the pandemic, particularly Taiwan's Communicable Disease Control Act (CDC Act); (3) the more experienced government and technocrats in dealing with COVID-19 fight that results in the right decision making and effective policy implementation (for instance, contact tracing, quarantine management, and face mask policy) (Bakir, 2020, p. 435; Woo, 2020; Yen, 2020); (4) social memory that constructed in the mind of the people affected raising awareness of COVID-19 (Hartley & Jarvis, 2020, p. 414); and lastly (5) preparation to fight against the pandemic (as discussed later). On the contrary, this pandemic was a new challenge for Bangladesh had not experienced any significant outbreaks since its independence in 1971. Consequently, mismanagement in the Bangladesh health sector happened (Alam, 2020). In short, past pandemics and health catastrophes have been a precious legacy for many countries affected to improve their institutional and managerial capabilities and their collective awareness in dealing with the recent pandemic.

Commitment to evidence-informed policy

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Successful governments in dealing with COVID-19 acknowledged the importance of evidence-informed policy (La et al., 2020; Lee et al., 2020; Linh et al., 2020; Vallejo & Ong, 2020). The enabling environment for the evidence-informed policy is the commitment of the officials to perform evidence-based measures and support the scientific community, and this is considered analytical capacity at the organisational level. Regarding the literature, three countries undoubtedly committed to evidence and science-based policymaking during COVID-19 handling: the Philippines, South Korea, and Vietnam, among others. In this crisis, the Philippines government and its public have "immediately recognised the importance of the role of scientists providing science information in economic and political life" (Vallejo & Ong, 2020). Moreover, South Korea put huge attention to scientific evidence over politics (Lee et al., 2020, p. 375), and the president also has constructed "a power hierarchy based on professional knowledge and experience" (Lee et al., 2020, p. 471). Meanwhile, in Vietnam, the government has invested in science and research to identify effective response solutions that result in numerous studies regarding COVID-19 (Linh et al., 2020) and using up-to-date research to give

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4 reliable information (La et al., 2020). This form of analytical capacity has
5 contributed to policy success in both countries.
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8 *Technological use in knowledge creation*

9 The technological tool is an essential component of analytical capacity, as stated
10 in many works of literature (Linh et al., 2020; Woo, 2020; Yen, 2020).
11 Technology, particularly information and communication technology (ICT) is
12 used to do contact tracing, implementation of measures effectively, achieved
13 the intended policy goals more effectively (Woo, 2020, p. 354; Yen, 2020, p. 456),
14 “online consultations, online medical declarations, risk communication, and
15 online learning” (Linh et al., 2020). However, ICT raised an issue about
16 individual privacy security.
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21 **3.2.2. How does operational capacity facilitate COVID-19 handling in Asia?**

22 The evidence from the literature addressing research question 2 falls into three
23 main themes: government readiness and quick response, transparent
24 information release, effective public health policy, and effective non-
25 pharmaceutical interventions.
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29 *Government readiness and quick response*

30 Many works of literature highlight the contribution of government readiness
31 and quick response to combat COVID-19 (La et al., 2020; Shangguan, Wang, &
32 Sun, 2020; Weng et al., 2020; Woo, 2020). Government readiness and quick
33 response to COVID-19 related to capacity building from past experiences in
34 handling pandemics and other public health crisis (related to ‘learning from the
35 past’ section), for instance, Singapore has low levels of COVID-19 fatalities and
36 this happened due to the existence of several key policy capacities that have
37 been built, particularly capacity building on the healthcare system, since SARS
38 pandemic crisis 17 years ago (Woo, 2020, pp. 348–349). The Vietnamese
39 government also demonstrated this capacity (Dinh, 2020; La et al., 2020, p. 18).
40 Preparedness and immediate action are the main contributors to successful
41 response vis-à-vis the COVID-19 pandemic. Otherwise, initial delays and slow
42 response against COVID-19, such as in China, resulted in worse circumstances
43 where the rest of the world should fight this wicked problem (Shangguan et al.,
44 2020, p. 12).
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52 *Transparent information release*

53 Transparency in terms of information release is a key to effective COVID-19
54 transmission (La et al., 2020; Lu, Liu, et al., 2020; Shangguan et al., 2020; Yuncg,
55 Cheong, Seng, & Li, 2020). When the outbreak emerged in Wuhan, China, the
56 Chinese government had made a mistake of minimum information release due
57 to strict government control over information (Shangguan et al., 2020). This
58 centralisation of information and media, consequently, developed
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4 unpreparedness as well as unawareness of the people towards COVID-19. This
5 practice was the opposite of what China's Special Administrative Region,
6 Macao, had done: 'dialogic communication' that is engagements with
7 stakeholders through maximum media channels and networks and the
8 commitment to transparent and genuine communication (Yung et al., 2020).
9 The condition in China changed after the information release on the COVID-19
10 was coordinated effectively at different levels, departments, and channels (Lu,
11 Liu, et al., 2020). This evidence emphasises the importance of transparent
12 information release to inform the people about the pandemic as well as its
13 distribution to different media channels and networks. Furthermore, this
14 transparent information dissemination should be done promptly and based on
15 a reliable source of information, i.e., the latest research, as seen in the Vietnam
16 case (La et al., 2020). Finally, in the times of recovery from the pandemic, this
17 should be followed by inclusive and transparent risk communication towards
18 the public (Shammi, Bodrud-Doza, Islam, & Rahman, 2020). Hence, transparent
19 scientific information released towards the public and the utilisation of wide-
20 range communication media is exceedingly beneficial in containing COVID-19
21 in all stages.
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29 *Effective public health policy*

30 There is reasonable evidence in the literature that effective public health
31 interventions lead to better COVID-19 handling (Chen, Yen, Yu, & Su, 2020;
32 Han et al., 2020; Linh et al., 2020; Woo, 2020; Yen, 2020; You, 2020). Concerning
33 public health policy, some policies were implemented, such as face mask policy,
34 contact tracing, free treatment and testing for COVID-19, and improving
35 response and infrastructure capacity of the healthcare system.
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40 *Face mask policy.* The success of the fight against COVID-19, particularly in
41 Taiwan, China, and South Korea, may be due to the government that relies
42 heavily on the face mask policy as preventive policy action (Chen et al., 2020, p.
43 10; Yen, 2020, p. 456).
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46 *Contact tracing.* Besides the face mask policy, effective contact tracing with a
47 high number of mobilised contact tracers and established procedures for doing
48 so also played a critical role in the containment of COVID-19 (Chen et al., 2020,
49 p. 10; Han et al., 2020; Woo, 2020, p. 350). Furthermore, free treatment and
50 testing for COVID-19, social distancing, as well as lockdown also made a huge
51 impact. On the other hand, delay in implementing those policies may result in
52 'hidden' infected people and becoming a forthcoming infection source (Chen et
53 al., 2020).
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57 *Improvement in the healthcare system.* Major epidemics in the past, namely SARS
58 in 2003 and MERS in 2015, motivated many Asian countries to establish
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4 healthcare and public health infrastructure as preparation for them in the future
5 public health crisis (Han et al., 2020). Furthermore, in a successful country in
6 handling the pandemic such as Vietnam, the government has put the priority
7 on improving the response capacity of the healthcare system, both curative and
8 preventive sectors (Linh et al., 2020).
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12 *Effective non-pharmaceutical interventions*

13 Non-pharmaceutical interventions, e.g., fiscal policy, economic policy, and
14 social policy, were also identified in the literature as a response to COVID-19
15 impact on other sectors apart from the public health sector (Kim, 2020; Le,
16 Nguyen, Ngo, Pham, & Le, 2020; Lu, Cai, Chen, & Liu, 2020; Park & Maher,
17 2020; Upadhaya, Wijethilake, Adhikari, Jayasinghe, & Arun, 2020).
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21 *Fiscal policy.* Regarding fiscal policy, there is evidence from the literature that
22 there was a dilemma between 'prompt' or even tend to 'hasty' fiscal policy
23 responses necessary to fight COVID-19 and its consequences on fiscal
24 soundness (Kim, 2020). Furthermore, it also raised a question about fiscal
25 federalism if the fiscal policy development and implementation should be
26 centralised or decentralised in a time of crisis that needs an urgent response.
27 The literature concludes, in South Korea, decentralisation is less efficient than a
28 more centrally directed fiscal policy (Park & Maher, 2020, p. 593). Meanwhile, in
29 the context of South Asia (i.e., India, Nepal, and Sri Lanka), the government has
30 "demonstrated the characteristics of 'reactive adapters' in financial resilience"
31 (Barbera et al. in Upadhaya et al., 2020). Also, the pandemic has forced this
32 region to strengthen its capacities through short-term fiscal and budgetary
33 responses (Upadhaya et al., 2020).
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40 *Economic policy.* Regarding economic policy, particularly on affected Small and
41 Medium Enterprises (SMEs) in Vietnam, there were several interventions
42 implemented to help SMEs survivability and development: tax supporting
43 policy, preferential policies of the bank, capital support packages, insurance
44 policy, the act of public administration, and the role of a professional
45 association (Le et al., 2020, p. 3690).
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49 *Social policy.* Social policy intervention is needed since the pandemic also caused
50 social risks and hazards. There is evidence in the literature that diverse forms of
51 social intervention were applied in various countries to respond to the social
52 risk of COVID-19. For instance, China adopted diverse social protection
53 programs that comprise a wide range of policy areas, e.g., insurance policy,
54 monetary intervention, service-related intervention, and legal intervention (Lu,
55 Cai, et al., 2020, p. 12). This holistic approach is also suggested concerning labor
56 policy response in India (Sharma, Talan, & Jain, 2020).
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3.2.3. How does political capacity facilitate COVID-19 handling in Asia?

The evidence from literature addressing research question 3 falls into four main themes: political trust and legitimacy, political communication, political leadership, co-production, citizens' cooperation, and community capacity.

Political trust and legitimacy

In the context of political capacity during COVID-19, political trust and legitimacy were most discussed by reviewed literature (Almutairi, Mustafa, Alessa, Almutairi, & Almaleh, 2020; Hartley & Jarvis, 2020; Wong & Jensen, 2020; Yen, 2020). While there was evidence in the literature concerning a positive correlation between public trust and COVID-19 handling, particularly in Saudi Arabia and Taiwan (Almutairi et al., 2020, p. 756; Yen, 2020, p. 758), we also found that there is a *paradox* of trust and legitimacy, particularly in the case of Hong Kong and Singapore. Hong Kong's public trust in the government is low, as seen in ongoing demonstrations by pro-democracy supporters against the government. This circumstance is also compounded with many suspicions toward the government that the pandemic "would be used by authorities to clamp down on pro-democracy advocates and extend Beijing's authority over the territory" (Hartley & Jarvis, 2020, p. 410). However, despite (and because of) low levels of political trust and legitimacy towards the government, community-based mobilisation has been the main resource in the containment of COVID-19 in Hong Kong, e.g., grassroots activists' response by providing facemasks to marginal and poor citizens. This community response to COVID-19 is built around "perceptions of government failure, non-responsiveness, and questions about the transparency and accuracy of government information in dealing with the virus" (Hartley & Jarvis, 2020, p. 411).

On the contrary, in Singapore, the public trust in the government was quite high. It led to low compliance with the government's risk management measures (Wong & Jensen, 2020, p. 8) due to Singaporean's low levels of perceived risk. In other words, the high level of public trust in the government has resulted in "the underestimation of risk by the public and non-cooperative behaviour" (Wong & Jensen, 2020, p. 9).

This paradox and contrary condition regarding the role of public trust and legitimacy, particularly in Hong Kong and Singapore, challenged the argument that systemic-political capacity (that is indicated by "the level of trust in the political, social, economic, and security spheres of policy action") is the one which potentially shapes all other capacities (X. Wu et al., 2015, p. 170). In short, these findings show that there is no one-size-fits-all explanation of whether public trust and legitimation promote better COVID-19 handling or not.

Political communication

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There is reasonable evidence in the literature to conclude that effective political communication and information dissemination facilitate COVID-19 handling, in particular, to enhance public compliance and trust in regulation and government (Bakir, 2020; La et al., 2020; Lee et al., 2020; Pramiyanti, Mayangsari, Nuraeni, & Firdaus, 2020; Weng et al., 2020; Yuncg et al., 2020). There are two methods for political communication: substantive information-based tools and communicative discursive strategies (Bakir, 2020, p. 434). The substantive information-based tool comprises knowledge and information sharing (closely related to analytical capacity and organisational political capacity) and is characterised by its technical terminologies concerning the pandemic. Meanwhile, a communicative discursive strategy closely related to public trust can be seen as a policy tool to influence public opinions and perceptions (Bakir, 2020, p. 426). In this strategy, COVID-19 was framed dramatically as an existential 'enemy' to 'fight against' with 'solidarity' (Bakir, 2020, p. 426; La et al., 2020, p. 20). In the case of Vietnam, where COVID-19 was handled effectively, the discursive strategy was used more often rather than 'technical' knowledge and information (La et al., 2020, p. 20). However, both strategies must be equally used in communicating with the public.

When it comes to instruments to disseminate information, the successful country government (i.e., South Korea and Vietnam) used diverse platforms, both traditional media channels and new media channels (e.g., short message service, social networks, mobile applications, and websites), for quick and efficient information disclosure. It increased information access to help citizens improve their awareness and reduce infection risk (Lee et al., 2020; Weng et al., 2020, p. 502). Furthermore, the use of influencers to share information also played a critical role in improving government communication capability during a crisis (Pramiyanti et al., 2020, p. 17).

Political leadership

Political leadership rooted in administration tradition and resulting in policy style also plays a critical role in COVID-19 handling (Bakir, 2020). It argues that a 'strong' and 'exclusive' presidential administration is more likely to produce a quick and decisive policy response rather than the parliamentary system (Bakir, 2020, p. 425). This quick and decisive response has emerged from strong political and bureaucracy loyalty, as seen in Turkey. However, this 'strong leader' tradition is more likely to produce policy failures because of its exclusiveness, leading to policy definition limitation. Hence, there is a lack of inclusive policy feedback and the potential for failures in the policy design and implementation process (Bakir, 2020).

Co-production, citizens' cooperation, and community capacity

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There is reasonable evidence of the significant role of citizens and community-based organisation in public good and service provision and COVID-19 handling (Alam, 2020; Cheng, Yu, Shen, & Huang, 2020; Hartley & Jarvis, 2020; La et al., 2020; Lee et al., 2020; Woo, 2020; Yang & Tsai, 2020; Yen, 2020). There are three emphasises in this section: (1) co-production, (2) citizen cooperation, and (3) community capacity.

Co-production. Co-production implies that “citizens can play an active role in producing public goods and services of consequence to them” (Ostrom in Cheng et al., 2020). It is clear that coproduce response to COVID-19 was a key determinant for effective COVID-19 handling at the local level in China (Cheng et al., 2020, p. 1).

Citizens’ cooperation. Citizens’ cooperation emerged from a strong two-way communication channel between the government and civil society (Yen, 2020, p. 456). In the case of Taiwan, the communication was not only top-down (from the government to citizen; e.g., daily press conference and information dissemination) but also *bottom-up*, which could be seen in citizen critiques and questions to the government demanding transparency and responsiveness (Yen, 2020, p. 464). Through these repeated interactions with society, the government can also “refine its crisis to manage strategies to align better the intended policy goals and people’s behaviors” (Yen, 2020, p. 466). In South Korea, citizens were also highly cooperative in managing a national-level general election and successfully conducted it without spreading the disease (Lee et al., 2020, p. 377). Meanwhile, in Vietnam, quick and authentic cooperation between government, civil society, and the private sector also contributed significantly to COVID-19 containment in this country (La et al., 2020). However, in the case of Bangladesh, the inclination of state actors to “carry out their responsibilities by themselves and not collaborating with non-state actors” led to dysfunctionality and counter-production in managing the pandemic (Alam, 2020). Hence, citizens’ cooperation played a huge role in COVID-19 spread handling, and this cooperation emerged from a transparent and reliable government.

Community capacity. Despite the high level of the other capacities, deficiency in community engagement may have negatively impacted COVID-19 response, as in the Singapore case (Woo, 2020, p. 356). Singapore’s government had failed to deal with foreign worker welfare and caused a high level of COVID-19 among Singapore’s foreign workers. This lack of awareness was caused by insufficient communication between the government and NGOs, particularly those who work with foreign worker welfare (Woo, 2020, p. 356). On the other hand, despite low trust in the government, collective action (including the

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community-based organisation) in Hong Kong results in better COVID-19 handling (Hartley & Jarvis, 2020, p. 415). This case exhibits the importance of collective action in tandem with all stakeholders to combat COVID-19. Furthermore, in the context of a democratic society, it has been proven that “the democratic values did not deter the pursuit of collective safety at the cost of civil liberty; rather, people with higher social trust more likely to give up their civil liberties in exchange for public safety” (Yang & Tsai, 2020). Thus, the collective actions by the citizens as a community, despite its democratic values, had contributed to better community resilience against COVID-19.

4. Conclusion

This paper highlighted a wide range of policy capacities (whether analytical, operational, or political capacity) roles in COVID-19 handling in Asia. Regarding analytical capacity, there are four main themes identified from the literature: community knowledge and awareness, learning from the past, commitment to evidence-informed policy, and technological use in knowledge creation. Regarding operational capacity, there are three main themes identified from the literature: government readiness and quick response, transparent information release, effective public health policy, and effective non-pharmaceutical interventions. Regarding political capacity, there are four key themes identified from the literature: political trust and legitimacy, political communication, political leadership, and co-production, citizens' cooperation, and community capacity. Nevertheless, most of the studies are related to operational capacity, while there are just a little amount of studies on analytical capacity. A possible explanation for this phenomenon is the unique feature of Asiatic policy workers who are comfortable with political and operational tasks than analytical tasks.

While this review has addressed the research questions, we were surprised that there are still dilemmas regarding the implementation and implication of certain policy capacities. For instance, technological use versus individual privacy, the paradox of trust and legitimacy, or centralisation versus decentralisation in crisis management. This inadequacy of understanding leads to opportunities for future research.

Lastly, there are three limitations of this study. First, this paper only included studies published in English. Therefore, there are still “hidden” perspectives of policy capacity in the global pandemic from non-English studies. Second, we did not engage the stakeholders at the review initiation process. Based on the EPPI-Centre review method, the involvement of stakeholders (i.e., policymakers and public managers) is essential to undertake research together to generate knowledge and act on that knowledge (Gough et al., 2012, p. 19).

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Third, we did not attempt to contact the authors of included studies to inquire about any unreported findings or study details.

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Figure 1: PRISMA flow diagram

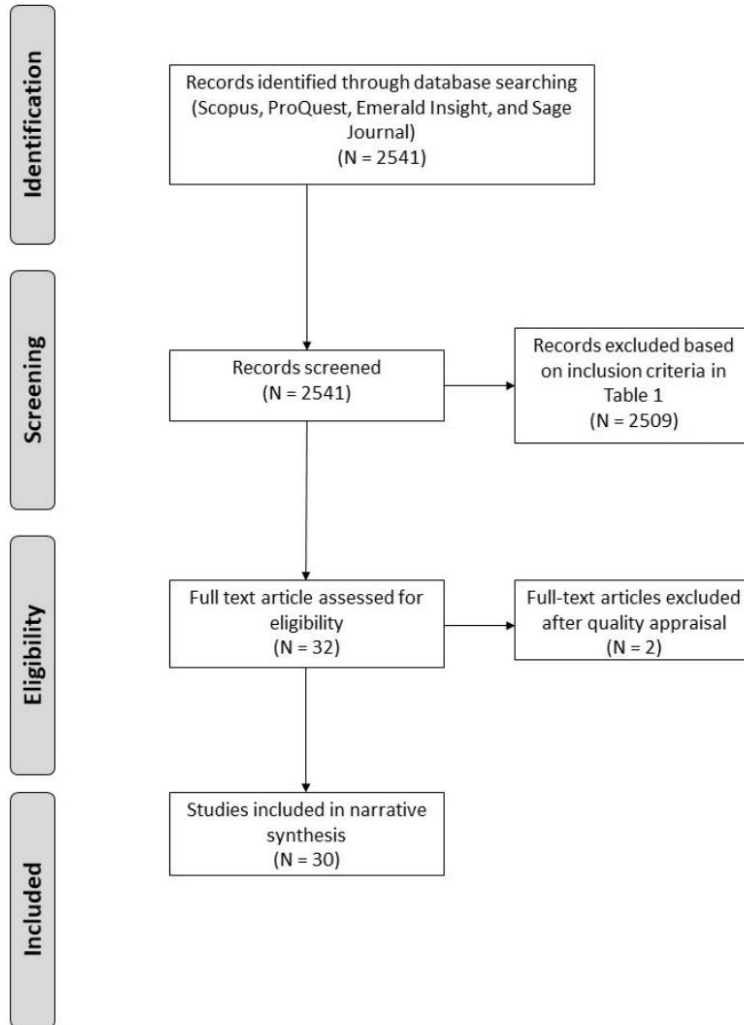


Table 1: Inclusion criteria for the review

Typology	Inclusion criteria
Topic	Relating to at least one of the research questions (either analytical capacity, managerial capacity, or political capacity in the context of COVID-19 handling).
Timeframe	Published between January 1, 2020 and October 22, 2020.
Geographical spread	Referring to at least one Asian countries.
Study base	Original research paper (primary) and review paper (secondary).
Transparency	Explicitly state its methodology.

Table 2: Summary of literature characteristics

	N (30 total)	%
<i>Countries</i>		
China (Mainland)	4	13.33
Vietnam	4	13.33
South Korea	3	10
Bangladesh	2	6.67
Saudi Arabia	2	6.67
Singapore	2	6.67
Taiwan	2	6.67
Hong Kong	1	3.33
India	1	3.33
Indonesia	1	3.33
Macao	1	3.33
Philippines	1	3.33
Turkey	1	3.33
Multiple countries	5	16.67
<i>Relation to the research questions (multiple allowed)</i>		
RQ1	7	23.33
RQ2	21	70
RQ3	14	46.67
<i>Type of Literature</i>		
Primary	15	50
Secondary	15	50
<i>Methods</i>		
Qualitative study	21	70
Case study	2	6.67
Survey research	5	16.67
Cross-sectional study	1	3.33
Mixed methods study	1	3.33

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Table 3: Descriptive map of reviewed literature with research question categorisation

Study	Research objective(s)	Setting	Type of Literature and Methods	Main findings	RQ1	RQ2	RQ3
Alam	To analyse: (1) the management system in containing COVID-19 pandemic as well as (2) the role played by many different bureaucratic leaders both at national and local levels, particularly in the interface between administrative leaders and the health sector	Bangladesh	Secondary: using secondary data and self-observation	There are two determinants to dysfunctionality and counter-production of management system in controlling COVID-19: (1) the preference of administrative leaders to <i>lead from behind</i> ; (2) the inclination of state actors to not work with the non-governmental institution.	Y	Y	Y
Almutairi et al.	To assess public trust and compliance with the precautionary measures implemented by authorities to battle against COVID-19	Saudi Arabia	Primary: a cross-sectional study using electronic questionnaires with 1232 participants	A high level of trust caused the steady growth of COVID-19 and the low death rate by the public in the authorities and healthcare system. Furthermore, several determinants significantly affect compliance with precautionary practices: gender, age, marital status, and educational level, among others.	N	N	Y
Bakir	To examine how Turkey has been containing COVID-19 effect on public health, as well as to gain an understanding of the introduction, implementation, and effect of health policy instrument	Turkey	Secondary: analysis of multiple resources	A presidential system (i.e., in the Turkish ' <i>presidentialisation</i> ' context) is considerable to introduce policies and implement their instrument mixed punctually or without being refused as occurred in the parliamentary system. However, this exclusive policy style mounting	N	N	Y

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	mixes			criticism about the risks of both policy design and implementation failures, particularly because of poorly diagnosed policy problems.			
Chen et al.	To look at the mitigation effectiveness for the transmission of COVID-19 and the pandemic severity	Multiple countries (China, Korea, Japan, the USA, Italy, and Brazil)	Primary: a quantitative case study	Four factors played a significant role in containing COVID-19 from spreading: viral testing, contact tracing, strict implementation of lockdown, and public cooperation.	N	Y	N
Cheng et al.	To examine community-based organisations roles in the containment of COVID-19	Zhejiang Province (China)	Primary: qualitative research by conducting interviews during and after the outbreak in Zhejiang with 100 informants	Three important roles of a community-based organisation in every stage of COVID-19 responses: (1) comprehensive epidemic prevention and control, (2) balancing epidemic control and social functions, and (3) the normalisation of epidemic prevention and control.	N	N	Y
Dinh	To examine the expeditious response of Vietnam in avoiding the outbreak before and during the first wave of the COVID-19	Vietnam	Secondary: analysis of published media and contemporary research	A key success for the anti-pandemic process in Vietnam is the quick reaction of the government and the adaptation of the people	N	Y	N

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Han et al.	To analyse nine high-income countries approaches that have begun to ease the restrictions of COVID-19	Multiple countries (i.e., Hong Kong, Japan, New Zealand, Singapore, and South Korea, Germany, Norway, Spain, and the UK)	Secondary: a comparative analysis using an adapted framework	Lessons learned from nine countries to ease the pandemic: (1) the importance of a clear and transparent plan; (2) the easing of restrictions should be preceded by strong systems to monitor the infection situation; (3) the necessity of sustainable measures in reducing transmission for some time; (4) the ownership of an effective find, test, trace, isolate, and support system in a correct position.	N	Y	N
Hartley and Jarvis	To examine Hong Kong case in tackling the pandemic despite the lack of political trust	Hong Kong	Secondary: methods are not explicitly stated	The crisis response in Hong Kong was unexpectedly successful, despite their low levels of public trust and political legitimacy, because of their community-based responses. The case reveals a gap in scholarly assumptions regarding the connections among political legitimacy, societal capacity, and crisis response capabilities.	N	N	Y
Kim	To present the information, circumstances, and issues concerning the budgetary responses of South Korea to COVID-19	South Korea	Secondary: the author analysed the details and consequences of South Korea's budgetary responses to COVID-19	The exceptionally quick approval of two supplementary budgets by the Parliament help the government provide necessary measures to combat the pandemic. Consequently, these precipitate decisions may have an impact in the future on fiscal soundness.	N	Y	N

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La et al.	To examine the policy response, news, and science journalism of Vietnam regarding COVID-19	Vietnam	Primary: a qualitative analysis using a self-made web crawl engine, scanning and collecting 14,952 official media news concerning COVID-19 between January 9 and April 4	Vietnam has shown political readiness to fight against the pandemic since at the earliest, which manifested in particular actions: (1) well-timed communication of the government and the media on any developments of the outbreak; (2) updated research on the COVID-19 by the science community of Vietnam which provided trusted information, and (3) immediate and authentic cooperation between government, civil society, and private individuals.	Y	Y	Y
Le et al.	To propose a policy-related factors model from the government's actions (at all levels) that create impacts on the survival as well as the development of SMEs	Thanh Hoa Province (Vietnam)	Primary: quantitative analysis of 512 SMEs in Thanh Hoa province	Six policies that directly contributed to the development of SMEs during the pandemic: tax supporting policy, the preferential policies of the bank, the insurance policy, capital support packages of government, the act of public administration, and the role of the professional association, among others.	N	Y	N

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Lee et al.	To examine how the government has been effectively mitigating the risks of COVID-19 without any forced interruptions of citizens' daily lives, such as lockdown, using the quadruple-loop learning model	South Korea	Secondary: an analysis using a quadruple-loop learning model	Critical factors to success in controlling COVID-19 in South Korea: (1) strong leadership; (2) transparency and efficient information dissemination; (3) well-designed network system and efficient governance.	N	Y	Y
Linh et al.	To analyse Vietnam's response to the COVID-19 pandemic and link the measures to priority actions emphasised in the Sendai Framework for Disaster Risk Reduction (SFDRR)	Vietnam	Secondary: a review of the literature regarding Vietnam's response measures to the COVID-19 between January and June 2020	Four key strategies for effective pandemic response in Vietnam: (1) well prepared, (2) implementing policies at the right time, (3) risk communication, and (4) doing comprehensive approaches. These measures are indistinguishable from the four priority actions in the SFDRR.	N	Y	N
Lu et al.	To analyse Chinese social policy response towards COVID-19 crisis	China	Primary: event-centered policy analysis from February to June 2020 with complementary secondary documents, i.e., policy documents.	China has designed a comprehensive social safety net in reducing the social suffering of the society in the midst of and after crisis periods. This finding demonstrates that the pandemic-related crisis has justified an interventionist approach and logic, driven by the state's welfare system, which supports a "big government" model, while this	N	Y	N

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				model also requires justification and legitimation.			
Lu et al.	To analyse the government (at the national, provincial, and municipal level) and relevant department strategy of releasing information	China	Primary: analysis of 133 information release accounts of the Chinese government, covering their portals, apps, Weibos, and WeChats; the general circumstances was concluded by doing radar map analysis	The information release appertaining to COVID-19 was effectively administered at different levels, departments, and channels. This was proven by the complementarity between channels, the synergy of national-local governments, and the coordination between departments, which resulted in the success of China's epidemic prevention and control process.	N	Y	N
Park and Maher	To examine the fiscal responses of the government towards the pandemic based on financial management perspective	South Korea and the US	Secondary: a comparative approach	The ability to respond comprehensively and effectively to the pandemic is challenged by the financial management system of each nation that causes various policy coordination and responsiveness.	N	Y	N

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Pramiyanti et al.	To explore the habits of the citizen in accessing information as well as their trust in the government during the COVID-19 outbreak	Indonesia	Primary: a mixed-method survey (with 500 participants)	Public perception of transparency in the information release of the government concerning COVID-19 is still at a low level and causes minimum trust in the information.	N	N	Y
Shammi et al.	To examine: (1) the public opinion of comparative lockdown scenario analysis and their contribution to SDGs and the strategic management regime of COVID-19 pandemic socio-economically, (2) the implications of partial lockdown plan withdrawal	Bangladesh	Primary: purposive sampling survey method (159 respondents)	Maintaining partial lockdown was the best strategy to be implemented. At the same time, the withdrawal of partial lockdown, consequently, should be followed by (1) inclusive and transparent risk communication towards the public, (2) the new normal standard of life to recover and strengthen various sectors health guidelines and social distancing, and also (3) proper response plans and strategic management to sustain the nation.	N	Y	N

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Shangguan et al.	To examine official publicly announced information as well as other resources, i.e. social media, to comprehend the root of the crisis concerning recent management system and public health policy	China	Primary: big data analysis	Four main findings: (1) the main factor for the early quiet of media announcements was the strict control of the government over information, which directly consequence in people's unpreparedness and unawareness of COVID-19, (2) a choice between addressing a virus with an unknown magnitude and nature, and mitigating known public panic during a politically and culturally sensitive time, lead to falsehood and concealment, (3) the weak autonomous management power of local public health management departments is not advantageous for responding to the crisis at the right time, and (4) the inadequate public health medical resources were caused by many state-owned hospitals privatisation.	N	Y	N
Sharma et al.	To comprehend the COVID-19 pandemic impacts on the economy as well as the prevention measures against it	India	Primary: qualitative sentiment analysis of 15 industry experts' opinion	Measure categorisations that should the government take to manage the socio-economy of India in the pandemic: (1) fiscal policy and the stimulus package, (2) industrial measures, (3) small business and daily wagers, (4) recent economic measures, (5) measures relating to GST, (6) global outlook and	N	Y	N

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				challenges, and (7) long-term economic impacts.			
Siddiqui et al.	To analyse (1) the existence of knowledge among the Saudi and non-Saudi nationals about COVID-19 as well as its impact on their behavior to practice the protocols to prevent the COVID-19 infection, and (2) how the residents respond to the methods and protection measures adopted by the government for their dominions to eliminate the COVID-19 deployment	Saudi Arabia	Primary: non-probability snowball sampling survey study with 443 respondents	There is a significant relationship between knowledge and practice, but the strength of the association is categorised as weak; knowledge and practice of COVID-19 were followed differently in the five regions of Saudi Arabia and the level of education of the respondents influenced their choice of practice to protect themselves from the effects of COVID-19.	Y	N	N

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Upadhaya et al.	To examine the short-term fiscal and budgetary responses to the COVID-19 pandemic	Multiple South Asian countries	Secondary: analysing the perspectives of experts and government officials	Concerning financial resilience development (both at each country and regional level), it is significantly important to consider: austerity avoidance, cautious enhancement in accepting lending conditions, public sector accountability rethink, and mutual collaboration revitalisation through SAARC (South Asian Association for Regional Cooperation).	N	Y	N
Vallejo and Ong	To analyse (1) the proper time to lift Enhanced Community Quarantine (ECQ), and (2) the way in predicting and being better prepared for the next pandemic	Philippines	Secondary: a content analysis of policy responses narratives	Three findings: (1) the questions associated with the crisis which we hope will be addressed by developing science advisory systems and structures for crises and emergencies taking into consideration social, economic, and human rights contexts, (2) the importance of the role of scientists providing science information in economic and political life, (3) science and technology are essential to responsive government and governance.	Y	N	N

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Weng et. al.	To analyse the responses of the governments against COVID-19 on four tension points: (1) immediacy versus thoroughness, (2) transparency versus secrecy and security, (3) centralisation and decentralisation, and (4) state-driven solutions versus co-production	Shanghai (China) and Los Angeles (the US)	Secondary: case studies	While there are different strategies in different stages between Shanghai and Los Angeles, there are still common strategies in all stages, namely a need to emphasise proactive actions, transparency, effective communication, and a clear accountability structure, as well as the way they should be implemented, the implementors, the instruments, and the processes selection. Furthermore, how to balance the four tensions may differ significantly across countries.	Y	Y	Y
Wong and Jensen	To analyse the interaction between Singapore's public trust, risk perceptions, and public compliance	Singapore	Primary: social media tracking and online focus group discussions	High levels of trust in the government and authorities present other challenges of public complacency and the relegation of responsibility to control the risk to the authorities (i.e. the underestimation of risk by the public and non-compliant behavior).	N	N	Y

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Woo	To examine the outcome of dual-track policy (i.e. low fatalities but high infection rates) from a perspective of policy capacity	Singapore	Secondary: a literature review	The strong early response to the outbreak in Singapore was caused by the presence of several key fiscal, analytical, operational, and political capacities. However, Singapore's analytical capacities were considered low because of their unsuccessful assessment and address regarding the infection risks in the foreign worker dormitories that are densely populated and often badly managed.	Y	Y	Y
Yang and Tsai	To observe the people's reactions to the choice between individual privacy and collective security	Taiwan	Primary: survey research with 821 interviewees	Two findings: (1) people with higher social trust incline to give up their civil liberties in exchange for public safety, (2) people who support democratic values and pursue collective security are more likely to avoid privacy violation by opposing the personal information release.	N	N	Y
Yen	To examine the reasons behind the effective COVID-19 response in Taiwan	Taiwan	Secondary: a literature review	The success of Taiwan in delivering effective COVID-19 response generally based on three factors: (1) reliance on the mask policy as well as to quickly expand the capacity of mask production, (2) use of big data and technology to enhance effective implementation of disease prevention and detection measures; and (3) strong relation between state and society that leads to	Y	Y	Y

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				transparency, communication, and collaboration, caused by democratic values.			
You	To examine how the country managed to flatten the COVID-19 curve from January through April 2020 without paralysing the national health and economic systems	South Korea	Secondary: a review of South Korea's public health policy by using the material in Korean and English	Five significant factors of South Korea's success in flattening the curve: (1) national infectious disease plans, (2) collaboration with the private sector, (3) strict contact tracing, (4) an adaptive health care system, and (5) government-driven communication.	N	Y	N

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Yung et al.	To examine how the various government actions and strategies during the COVID-19 pandemic were corresponding to the dialogic public relations theory	Macao	Primary: quantitative random digital dialing (RDD) telephone survey, with a sample of 502 Macao residents aged 18 or above	The dialogic communications strategies of the Macao government in dealing with COVID-19 are as follow (1) the spirit of mutual equality, collaboration with the local community, (2) the presence imminence in crisis time, (3) engagements with stakeholders through maximum media channels and networks, (4) supportiveness to the public with both useful information and practical social support like subsidy program, and (5) the commitment to transparent and authentic communication. This strategies led to a high level of satisfaction of the public towards prevention performance.	N	Y	Y
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Legend: Y = Yes, N = No

BUKTI KORESPONDENSI

ARTIKEL JURNAL INTERNASIONAL BEREPUTASI SCOPUS Q2

Judul Artikel : Policy Capacity During Covid-19 in Asia: A Systematic Literature Review

Jurnal : Journal of Public Affairs

Penulis : Antun Mardiyanta dan Calvin Nathan Wijaya

No.	Perihal	Tanggal
8.	Bukti tanda terima pengiriman revisi	27 November 2021

Journal of Public Affairs - Manuscript number JPA-21-375.R1

Eksternal

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ARTIKEL JURNAL INTERNASIONAL BEREPUTASI SCOPUS Q2

Judul Artikel : Policy Capacity During Covid-19 in Asia: A Systematic Literature Review

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No.	Perihal	Tanggal
9.	Bukti hasil <i>review</i> artikel (setelah revisi mayor untuk melaksanakan revisi minor)	13 April 2022

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Referee(s)' Comments to Author:

Reviewing: 1

Comments to the Author

The paper needs minor revisions which includes:

1. The authors are recommended to present the contributions of the study (maybe as a brief separate paragraph) to the academicians, practitioners, and policymakers, in the conclusions section
2. There are many references in the reference list for which year, volume numbers, issue numbers and page numbers are missing. Therefore, the authors are requested to kindly check for this serious issue.

Reviewing: 2

Comments to the Author

This work is pertinent and the manuscript is well written. I have the following comments.

1. The abstract is missing.
2. Asian and Western governance difference is naive and has no connection with COVID-19. Add a section on how Asian and Western countries differ in COVID-19 related policies. Justify why studying Asian policies is more important.
3. Why did you select the specific databases? Why did you exclude other databases? Justify.
4. Add a Directions for Future Research and Implications section.
5. Make the Limitations a separate section.

Reviewing: 3

Comments to the Author
No comments

BUKTI KORESPONDENSI

ARTIKEL JURNAL INTERNASIONAL BEREPUTASI SCOPUS Q2

Judul Artikel : Policy Capacity During Covid-19 in Asia: A Systematic Literature Review

Jurnal : Journal of Public Affairs

Penulis : Antun Mardiyanta dan Calvin Nathan Wijaya

No.	Perihal	Tanggal
10.	Bukti ketiga: artikel yang telah disubmit (setelah revisi minor)	



Policy capacity during COVID-19 in Asia: A systematic literature review

Journal:	<i>Journal of Public Affairs</i>
Manuscript ID	JPA-21-375.R2
Wiley - Manuscript type:	Research Article
Keywords:	policy capacity, COVID-19, public health policy, systematic review

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Policy capacity during COVID-19 in Asia: A systematic literature review

Abstract

COVID-19 has revealed the policy capacity of some governance institutions, both resilience and vulnerability. Hence, this circumstance has demanded public administration scholars and practitioners to rethink the existing governance practices, particularly in making effective crisis-related policies. This paper reviewed primary and secondary studies exploring the application of policy capacity competencies in facilitating COVID-19 handling in Asia. In achieving so, we did a systematic literature review of relevant studies published between January and October 2020. Applying the agreed search term to several databases, we found 2541 studies, while merely 30 were included for review. Findings from the studies are predominantly closely linked to operational capacity (n = 21). Other studies are related to political and analytical capacity (n = 14 and 7, retrospectively). We found that there are some dilemmas and inadequacy of understanding concerning the role of features in certain capacities (such as technology use versus individual privacy, the paradox of trust and legitimacy, or centralisation versus decentralisation), particularly in the time of crisis, which is a calling for future research.

Keywords:

policy capacity; COVID-19; public health policy; systematic review

1. Introduction

COVID-19 was not just a tragedy in our humanity, however, it also has reflected the fragility of some governance institutions in the public sector (Dunlop et al., 2020, p. 366). From the outbreak until now, there have been a huge number of studies which address government capacity in handling the disease. Some concern of the studies revolves around legitimacy (Christensen & Lægreid, 2020), effective crisis management (Correia et al., 2020; Mascio et al., 2020), policy choice (Gaskell et al., 2020), information flow (Gao & Yu, 2020; Zhang & Zhang, 2020), centralisation and decentralization (Ang, 2020; Desson et al., 2020; Zhang & Zhang, 2020), public leadership (Plaček et al., 2020), the role of science (van Dooren & Noordegraaf, 2020), dan state-society relationship (Kavaliunas et al., 2020). The list of literature could be even longer if we try to include more studies. In short, the abundance of literature concerning COVID-19 handling shows how this messy problem could be approached from different aspects.

However, despite the wide-ranging aspects that affect the government's capacity to handle this pandemic, policy-related factors play even more crucial

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roles in handling the pandemic. For example, in terms of policy design, it was argued that policy design “forge the process and content of the response” to COVID-19 (Capano, 2020). Policy narrative was also central to the effectiveness of government response (Mintrom & O’Connor, 2020). In approaching COVID-19 as an unfolding event, policy learning was essential to “formulate appropriate policies and implement them accordingly” (Raofi et al., 2020) that resulting in success in controlling the pandemic (Baniamin et al., 2020). Support towards policy also may play a pivotal role in handling COVID-19 (Earnshaw et al., 2020). Similarly, this notion also suggested by Dunlop et al. (2020) that there are seven analytical themes in the public policy and administration field that are central in responding to the challenges brought by COVID-19: policy design and instruments, policy learning, public service, and its publics, organisational capacity, public governance, administrative traditions and public sector reforms in multilevel governance (MLG). In short, there will be no way to understand the effectiveness of the response to COVID-19 without the understanding of policy and politics (Greer et al., 2020).

In this paper, we focused on how the policy capacity facilitates COVID-19 handling. Despite the wide-ranging debate of policy capacity, this term has been clearly defined as “the sets of skills and resources □or competencies and capabilities□ necessary to perform policy functions” (Wu et al., 2015, p. 166, 2018, p. 3). In general, high levels of policy capacity results in superior policy outputs and outcomes while policy failure are linked with capacity shortfall (Wu et al., 2018, p. 1). Therefore, policy capacity has been a major concern for governance institutions when dealing with messy societal problems, such as COVID-19 global pandemic.

Several things need to be underlined to understand policy capacity: (1) it covers all policy processes: agenda-setting, policy formulation, policy implementation, and policy evaluation; (2) it goes beyond the government itself to understand capacity, so it also embraces non-governmental institutions involvement; and (3) key to policy success are high level of capacities in multiple dimensions, however, it is not always in equal measure (Wu et al., 2015). Furthermore, policy capacity is *multidimensional*. It consists of three categories of main competence in policy capacity □analytical, operational, and political□ that involve capabilities at three levels: individual, organisational, and systemic (Wu et al., 2015). This categorisation generates a framework that comprises nine basic types of policy capacity as described as follows.

Analytical capacity is a capacity that ensures that policy actions are *technically* sound. It can be understood as: an ability to access and apply technical and scientific knowledge and analytical techniques (individual level) (Howlett,

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2015); organisational commitment to evidence-based policy (organisational level); and general state of scientific, statistical, and educational facilities in a society that facilitates high-quality information to carry on analytical and managerial function (systemic level) (Wu et al., 2015). *Operational capacity* (or managerial capacity) ensures policy action, also with its resources, can be implemented. It can be understood as: managerial function at the individual level; performance of policy managers on the internal organisation; and coordination of governmental and non-governmental efforts to address policy problems (systemic level) (Wu et al., 2015). *Political capacity* is closely linked to political support. Furthermore, it can be understood as follow: “policy acumen” or policy knowledge and experience as an individual; relationship with governance partner and the public (organisational level); and public trust or public legitimation of policy actions at the systemic level (Wu et al., 2015). However, those skills and resources are interconnected, governed by different considerations, and their contributions to the policy process are separable and irreplaceable. They also may not be required for particular actions to succeed. This understanding left an issue to be addressed as Wu stated: “Are some capacity types more important than others? If yes, then what weighting should we attribute to them?” (Wu et al., 2015, p. 170).

Moreover, we focused on Asian countries’ policy capacity in dealing with COVID-19. The reason is twofold: the distinguishing feature of Asiatic mode of governance from the Western style of governance and the fact that most of Asian countries were controlling the pandemic better than the Western countries.

In terms of *mode of governance*, Asia has its unique administrative civilisation and policy style (Cheung, 2013; Mukherjee & Howlett, 2016) which are “the product of a complex process of layering” (Painter & Peters, 2010, p. 25). As Mukherjee and Howlett (2016) noted, this uniqueness is based on a specific pattern of policy capacities and governance modes. Painter and Peters (2010, 26) underlined the diverse combination of local tradition and foreign import in North-east and South-east Asian administrative tradition derived from Confucianism (and non-Confucianism) and European tradition (including Continental Europe and Anglo-American). This unique feature of administrative and policy style frequently contradicts the Western style of governing. For instance, it is common that the Asiatic mode of governance tends to be pro-state (state-centric) and pro-bureaucrats (Cheung, 2013, p. 256) which is not compatible with Western “colonial” ideas of good governance. Another distinguishing feature is its tendency to embrace spiritual, moral, and cultural-based values (Farazmand & Balilaj, 2015). In terms of policy capacity, most Asian countries are also more comfortable performing political and

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4 operational tasks than analytical tasks (Saguin et al., 2018). Nevertheless, this
5 distinct feature of governance has been under-studied (Cheung, 2013). By
6 focusing on Asian countries, this paper will be able to grasp the understanding
7 of its uniqueness and contribute to the discourse of the Asiatic mode of
8 governance.
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12 Regarding *the practice of governing the pandemic*, recent studies has claimed that
13 Asian countries performed a better COVID-19 handling compared to the West
14 (Anttiroiko, 2021; Navarro, 2021; Shokoohi et al., 2020). Anttiroiko (2021)
15 distinguished the “proactive” Asian and Asia-Pacific countries and “reactive”
16 Western countries in responding COVID-19. This different response is caused
17 by experience of prior epidemics and resulted in rapid recognition of the threat,
18 and diligence and determination in COVID-19 response (Anttiroiko, 2021, p. 11;
19 Navarro, 2021, p. 263). Other distinctive manner of East and West in responding
20 to COVID-19 emphasised by Shokoohi et al. (2020). While the West
21 implemented a “patient-centered” strategies in the hospital settings, the East
22 applied a “community-centered” approach to public health strategies which
23 was proven reduce community transmission of fast-spreading infectious
24 disease until an effective vaccine becomes available (Shokoohi et al., 2020, p.
25 438). Asia countries’ past and response become an attractive context to be
26 studied because of the differences, even contradictory, to the West.
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30 The aforementioned problem inspired this paper to provide a systematic
31 literature review concerning policy capacity in the COVID-19 pandemic. This
32 paper aims to identify how policy capacity was applied in the time of crisis,
33 particularly in dealing with COVID-19. It addresses these three questions, based
34 on the categorisation of main competencies in policy capacity: (1) How does
35 *analytical capacity* facilitate COVID-19 handling in Asia?; (2) How does
36 *managerial capacity* facilitate COVID-19 handling in Asia?; (3) How does *political*
37 *capacity* facilitate COVID-19 handling in Asia? By answering these questions,
38 this paper contributed to both theory and praxis of governance in the time of
39 crisis. Theoretically, this paper contributes to the development of the theory of
40 policy capacity by identifying which capacities need to be applied, particularly
41 in the time of crisis, based on the reviews. Practically, this paper contributes to
42 suggest policymakers and practitioners in dealing with future public health
43 crisis.
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47 This paper has been organised in the following way: Introduction, Methods,
48 Results and Discussion, Conclusion, Limitations, and Future Research and
49 Implication. The first section of this paper gives a rationale for conducting a
50 systematic literature review. The methods section consists of a detailed protocol
51 for doing a systematic review. Results and discussion provide the review’s
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4 synthesis, beginning with descriptive analysis of the findings and thematic
5 analysis hereafter. The last section concludes the review, state the limitations,
6 and gives recommendation for future research and praxis.
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9 **2. Methods**

10 This paper used a systematic literature review (SLR) as its method. We
11 attempted to synthesize policy research, particularly policy capacity-related
12 literature in COVID-19, to answer three research questions. This paper is
13 expected to serve policymakers for better evidence-informed decision-making,
14 particularly when dealing with a global health crisis by addressing those
15 questions. In other words, this review paper creates a “pragmatic science”
16 characterised by theoretical and methodological rigour and practical relevance
17 (Tranfield et al., 2003, p. 219). Furthermore, this review also contributed to the
18 academic community by finding the gap for future policy capacity research.
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23 We follow the review methods proposed by EPPI-Centre (Gough et al., 2012).
24 This protocol was adopted because it appreciates mixed (quantitative or
25 qualitative) methods review (EPPI-Centre, 2019). In comparison with traditional
26 “positivistic” systematic review in medical research, EPPI-Centre review
27 methods fulfill the needs for different systematic review approaches in social
28 research (Oakley, 2012, p. viii), in particular by including qualitative-
29 phenomenological perspective in the review process (Tranfield et al., 2003, pp.
30 212–213). According to Oakley (2012, viii), this approach is helpful to
31 understand the complex nature and “messy world of social research.” We
32 considered this review method suitable for the context of complex and chaotic
33 governance of the COVID-19 pandemic, which also results in various types of
34 research output. The methods’ usage aimed to minimise bias and subjectivity in
35 providing valuable summaries about a particular topic (Petticrew & Roberts,
36 2008, p. 10).
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43 In the light of EPPI-Center review methods, we develop a protocol for
44 conducting the review as follows (EPPI-Centre, 2010; see Figure 1).
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- 47 1. *Scoping the review.* Prior to conceptualising research questions, we
48 developed clear inclusion criteria that met the aim of the review. We
49 include original research papers, either quantitative or qualitative,
50 and review papers relating to at least one of the research questions
51 (either analytical capacity, managerial capacity, or political capacity
52 in the context of COVID-19 handling in Asian countries). The study
53 must be transparent, namely, explicitly stating its methodology.
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- 55 2. *Searching for studies.* We collected relevant studies published between
56 January 1, 2020, and October 22, 2020, through four electronic
57 databases that were available to be accessed without restriction
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4 through our university's library system, namely Scopus, ProQuest,
5 Emerald Insight, and Sage Journal. To reduce the risk of bias, we use
6 agreed searching strategy as stated below:
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8 ("COVID-19" OR "pandemic") AND ("policy capacity" OR
9 "governance capacity" OR "policy response" OR "policy
10 design" OR "analytical capacity" OR "evidence-based policy"
11 OR "evidence-informed policy" OR "knowledge-based" OR
12 "policy analytics" OR "operational capacity" OR "managerial
13 capacity" OR "strategic management" OR "political capacity"
14 OR "public legitimacy" OR "public trust").
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18 3. *Screening studies.* We independently screened the title, abstract, and
19 keywords of the study using the pre-determined inclusion criteria.
20 At this stage, we were also filtering multiple same pieces of literature
21 from the databases to ensure there was no overlapping one. Any
22 disagreements at this step were resolved through discussion between
23 us.
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26 4. *Describing and mapping.* A descriptive map was constructed to
27 provide a systematic description of the research activity concerning
28 each question. We read from each included study to summarise the
29 methodology and findings and categorised them according to
30 relevant research questions. Table 3 presents the descriptive map of
31 the reviewed literature in this paper.
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34 5. *Quality and relevance appraisal.* We independently assessed the
35 methodological quality of all included studies using different
36 strategies for each study based on its specific methodology. For this
37 purposes, we used CASP qualitative checklist (*Critical Appraisal Skills
38 Programme, 2018*) to assess qualitative research and review articles,
39 CEBMa checklist for the case study and survey research (*Center for
40 Evidence-Based Management. (n.d.-a). Critical Appraisal of a Case Study,
41 n.d.; Center for Evidence-Based Management. (n.d.-b). Critical Appraisal of
42 a Survey, n.d.*), JBI checklist for cross-sectional study (Moola et al.,
43 2017), and Mixed Method Appraisal Tool (MMAT) for mixed-
44 method study (Pluye et al., 2011).
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47 6. *Synthesising study finding.* We summarised and reported the findings
48 using narrative synthesis. This type of synthesis is known for its
49 simplicity and does not attempt to generalise the findings (Tranfield
50 et al., 2003, p. 217). Rather, it brings together the results from
51 different types of studies "to provide an accessible combination of
52 results from individual studies in structured narratives or summary
53 tables" (EPPI-Centre, 2010, p. 15). Firstly, we provide a full and
54 detailed descriptive analysis of the studies in tabular form. Then, we
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did a thematic analysis of studies guided by three types of policy capacity, namely analytical, operational, and political capacity, and discussed them separately.

7. *Conclusion or recommendations.* We draw conclusions and recommendations based on the synthesis findings to inform policymakers, public managers, and policy scholars.

3. Results and Discussion

3.1. The nature of included studies

We found 2541 studies suggested by the databases. Of 2541 studies, 2509 were excluded (N = 32) because they did not meet our inclusion criteria (see Table 1). Prior to reading the whole document and careful methodological assessment, two studies were excluded, resulting in 30 studies to be included for review. Figure 1 provides a PRISMA flow diagram delineating the number of studies included and excluded at a different stage of the review process. Table 2 summarised the characteristics of the included studies by countries and linked them to the research questions, whether it is related to analytical capacity, operational capacity, or political capacity.

3.2. Discussion

In the following section, we synthesise the findings narratively. We presented the review thematically, using the research questions as the guide.

3.2.1. How does analytical capacity facilitate COVID-19 handling in Asia?

The evidence literature addressing research question 1 falls into four main themes: community knowledge and awareness, learning from the past, commitment to evidence-informed policy, and technological use in knowledge creation.

Community knowledge and awareness

There is reasonable evidence in the reviewed literature that community knowledge and awareness regarding COVID-19 promote its containment and treatment adequately (Siddiqui et al., 2020), which is related to analytical capacity at the individual level. However, at the same time also has a connection to information sharing at the organisational level. For instance, in Saudi Arabia, the people had a high level of knowledge regarding COVID-19 prevention (Siddiqui et al., 2020). One of the main reasons for this was that the Ministry of Health in Saudi Arabia always educates and increases public awareness. Hence, community knowledge and awareness, considered in this study as policy analytical capacity by the people, has contributed to the COVID-19 handling.

Learning from the past

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According to the reviewed literature, there are several repeated mentions on the capacity building that the government performed regarding pandemic (Alam, 2020; Bakir, 2020; Hartley & Jarvis, 2020; La et al., 2020; Lee et al., 2020; Linh et al., 2020; Weng et al., 2020; Woo, 2020; Yen, 2020). Most governments that effectively handle COVID-19 have learned from the past pandemic, e.g., SARS, MERS, H5N1, H1N1, and other health crises. This form of capacity building was built in a variety of forms, namely (1) the institutionalisation of science advisory groups (such as Center for Strategic Future in Singapore, National Health Command Center in Taiwan, and Korea Center for Disease Control and Prevention in South Korea) (Lee et al., 2020; Woo, 2020; Yen, 2020); (2) the creation of a legal foundation for the pandemic, particularly Taiwan's Communicable Disease Control Act (CDC Act); (3) the more experienced government and technocrats in dealing with COVID-19 fight that results in the right decision making and effective policy implementation (for instance, contact tracing, quarantine management, and face mask policy) (Bakir, 2020; Woo, 2020; Yen, 2020); (4) social memory that constructed in the mind of the people affected raising awareness of COVID-19 (Hartley & Jarvis, 2020, p. 414); and lastly (5) preparation to fight against the pandemic (as discussed later). On the contrary, this pandemic was a new challenge for Bangladesh had not experienced any significant outbreaks since its independence in 1971. Consequently, mismanagement in the Bangladesh health sector happened (Alam, 2020). In short, past pandemics and health catastrophes have been a precious legacy for many countries affected to improve their institutional and managerial capabilities and their collective awareness in dealing with the recent pandemic.

Commitment to evidence-informed policy

Successful governments in dealing with COVID-19 acknowledged the importance of evidence-informed policy (La et al., 2020; Lee et al., 2020; Linh et al., 2020; Vallejo & Ong, 2020). The enabling environment for the evidence-informed policy is the commitment of the officials to perform evidence-based measures and support the scientific community, and this is considered analytical capacity at the organisational level. Regarding the literature, three countries undoubtedly committed to evidence and science-based policymaking during COVID-19 handling: the Philippines, South Korea, and Vietnam, among others. In this crisis, the Philippines government and its public have "immediately recognised the importance of the role of scientists providing science information in economic and political life" (Vallejo & Ong, 2020). Moreover, South Korea put huge attention to scientific evidence over politics (Lee et al., 2020, p. 375), and the president also has constructed "a power hierarchy based on professional knowledge and experience" (Lee et al., 2020, p.

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471). Meanwhile, in Vietnam, the government has invested in science and research to identify effective response solutions that result in numerous studies regarding COVID-19 (Linh et al., 2020) and using up-to-date research to give reliable information (La et al., 2020). This form of analytical capacity has contributed to policy success in both countries.

Technological use in knowledge creation

The technological tool is an essential component of analytical capacity, as stated in many works of literature (Linh et al., 2020; Woo, 2020; Yen, 2020). Technology, particularly information and communication technology (ICT) is used to do contact tracing, implementation of measures effectively, achieved the intended policy goals more effectively (Woo, 2020, p. 354; Yen, 2020, p. 456), "online consultations, online medical declarations, risk communication, and online learning" (Linh et al., 2020). However, ICT raised an issue about individual privacy security.

3.2.2. How does operational capacity facilitate COVID-19 handling in Asia?

The evidence from the literature addressing research question 2 falls into three main themes: government readiness and quick response, transparent information release, effective public health policy, and effective non-pharmaceutical interventions.

Government readiness and quick response

Many works of literature highlight the contribution of government readiness and quick response to combat COVID-19 (La et al., 2020; Shangguan et al., 2020; Weng et al., 2020; Woo, 2020). Government readiness and quick response to COVID-19 related to capacity building from past experiences in handling pandemics and other public health crisis (related to 'learning from the past' section), for instance, Singapore has low levels of COVID-19 fatalities and this happened due to the existence of several key policy capacities that have been built, particularly capacity building on the healthcare system, since SARS pandemic crisis 17 years ago (Woo, 2020, pp. 348–349). The Vietnamese government also demonstrated this capacity (Dinh, 2020; La et al., 2020). Preparedness and immediate action are the main contributors to successful response vis-à-vis the COVID-19 pandemic. Otherwise, initial delays and slow response against COVID-19, such as in China, resulted in worse circumstances where the rest of the world should fight this wicked problem (Shangguan et al., 2020, p. 12).

Transparent information release

Transparency in terms of information release is a key to effective COVID-19 transmission (La et al., 2020; Lu et al., 2020; Shangguan et al., 2020; Yuncg et al., 2020). When the outbreak emerged in Wuhan, China, the Chinese government

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had made a mistake of minimum information release due to strict government control over information (Shangguan et al., 2020). This centralisation of information and media, consequently, developed unpreparedness as well as unawareness of the people towards COVID-19. This practice was the opposite of what China's Special Administrative Region, Macao, had done: 'dialogic communication' that is engagements with stakeholders through maximum media channels and networks and the commitment to transparent and genuine communication (Yung et al., 2020). The condition in China changed after the information release on the COVID-19 was coordinated effectively at different levels, departments, and channels (Lu et al., 2020). This evidence emphasises the importance of transparent information release to inform the people about the pandemic as well as its distribution to different media channels and networks. Furthermore, this transparent information dissemination should be done promptly and based on a reliable source of information, i.e., the latest research, as seen in the Vietnam case (La et al., 2020). Finally, in the times of recovery from the pandemic, this should be followed by inclusive and transparent risk communication towards the public (Shammi et al., 2020). Hence, transparent scientific information released towards the public and the utilisation of wide-range communication media is exceedingly beneficial in containing COVID-19 in all stages.

Effective public health policy

There is reasonable evidence in the literature that effective public health interventions lead to better COVID-19 handling (Chen et al., 2020; Han et al., 2020; Linh et al., 2020; Woo, 2020; Yen, 2020; You, 2020). Concerning public health policy, some policies were implemented, such as face mask policy, contact tracing, free treatment and testing for COVID-19, and improving response and infrastructure capacity of the healthcare system.

Face mask policy. The success of the fight against COVID-19, particularly in Taiwan, China, and South Korea, may be due to the government that relies heavily on the face mask policy as preventive policy action (Chen et al., 2020, p. 10; Yen, 2020, p. 456).

Contact tracing. Besides the face mask policy, effective contact tracing with a high number of mobilised contact tracers and established procedures for doing so also played a critical role in the containment of COVID-19 (Chen et al., 2020, p. 10; Han et al., 2020; Woo, 2020, p. 350). Furthermore, free treatment and testing for COVID-19, social distancing, as well as lockdown also made a huge impact. On the other hand, delay in implementing those policies may result in 'hidden' infected people and becoming a forthcoming infection source (Chen et al., 2020).

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Improvement in the healthcare system. Major epidemics in the past, namely SARS in 2003 and MERS in 2015, motivated many Asian countries to establish healthcare and public health infrastructure as preparation for them in the future public health crisis (Han et al., 2020). Furthermore, in a successful country in handling the pandemic such as Vietnam, the government has put the priority on improving the response capacity of the healthcare system, both curative and preventive sectors (Linh et al., 2020).

Effective non-pharmaceutical interventions

Non-pharmaceutical interventions, e.g., fiscal policy, economic policy, and social policy, were also identified in the literature as a response to COVID-19 impact on other sectors apart from the public health sector (Kim, 2020; Le et al., 2020; Lu et al., 2020; Park & Maher, 2020; Upadhaya et al., 2020).

Fiscal policy. Regarding fiscal policy, there is evidence from the literature that there was a dilemma between 'prompt' or even tend to 'hasty' fiscal policy responses necessary to fight COVID-19 and its consequences on fiscal soundness (Kim, 2020). Furthermore, it also raised a question about fiscal federalism if the fiscal policy development and implementation should be centralised or decentralised in a time of crisis that needs an urgent response. The literature concludes, in South Korea, decentralisation is less efficient than a more centrally directed fiscal policy (Park & Maher, 2020, p. 593). Meanwhile, in the context of South Asia (i.e., India, Nepal, and Sri Lanka), the government has "demonstrated the characteristics of 'reactive adapters' in financial resilience" (Barbera et al. in Upadhaya et al., 2020). Also, the pandemic has forced this region to strengthen its capacities through short-term fiscal and budgetary responses (Upadhaya et al., 2020).

Economic policy. Regarding economic policy, particularly on affected Small and Medium Enterprises (SMEs) in Vietnam, there were several interventions implemented to help SMEs survivability and development: tax supporting policy, preferential policies of the bank, capital support packages, insurance policy, the act of public administration, and the role of a professional association (Le et al., 2020, p. 3690).

Social policy. Social policy intervention is needed since the pandemic also caused social risks and hazards. There is evidence in the literature that diverse forms of social intervention were applied in various countries to respond to the social risk of COVID-19. For instance, China adopted diverse social protection programs that comprise a wide range of policy areas, e.g., insurance policy, monetary intervention, service-related intervention, and legal intervention (Lu et al., 2020, p. 12). This holistic approach is also suggested concerning labor policy response in India (Sharma et al., 2020).

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3.2.3. How does political capacity facilitate COVID-19 handling in Asia?

The evidence from literature addressing research question 3 falls into four main themes: political trust and legitimacy, political communication, political leadership, co-production, citizens' cooperation, and community capacity.

Political trust and legitimacy

In the context of political capacity during COVID-19, political trust and legitimacy were most discussed by reviewed literature (Almutairi et al., 2020; Hartley & Jarvis, 2020; Wong & Jensen, 2020; Yen, 2020). While there was evidence in the literature concerning a positive correlation between public trust and COVID-19 handling, particularly in Saudi Arabia and Taiwan (Almutairi et al., 2020, p. 756; Yen, 2020, p. 758), we also found that there is a *paradox* of trust and legitimacy, particularly in the case of Hong Kong and Singapore. Hong Kong's public trust in the government is low, as seen in ongoing demonstrations by pro-democracy supporters against the government. This circumstance is also compounded with many suspicions toward the government that the pandemic "would be used by authorities to clamp down on pro-democracy advocates and extend Beijing's authority over the territory" (Hartley & Jarvis, 2020, p. 410). However, despite (and because of) low levels of political trust and legitimacy towards the government, community-based mobilisation has been the main resource in the containment of COVID-19 in Hong Kong, e.g., grassroots activists' response by providing facemasks to marginal and poor citizens. This community response to COVID-19 is built around "perceptions of government failure, non-responsiveness, and questions about the transparency and accuracy of government information in dealing with the virus" (Hartley & Jarvis, 2020, p. 411).

On the contrary, in Singapore, the public trust in the government was quite high. It led to low compliance with the government's risk management measures (Wong & Jensen, 2020, p. 8) due to Singaporean's low levels of perceived risk. In other words, the high level of public trust in the government has resulted in "the underestimation of risk by the public and non-cooperative behaviour" (Wong & Jensen, 2020, p. 9).

This paradox and contrary condition regarding the role of public trust and legitimacy, particularly in Hong Kong and Singapore, challenged the argument that systemic-political capacity (that is indicated by "the level of trust in the political, social, economic, and security spheres of policy action") is the one which potentially shapes all other capacities (Wu et al., 2015, p. 170). In short, these findings show that there is no one-size-fits-all explanation of whether public trust and legitimation promote better COVID-19 handling or not.

Political communication

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There is reasonable evidence in the literature to conclude that effective political communication and information dissemination facilitate COVID-19 handling, in particular, to enhance public compliance and trust in regulation and government (Bakir, 2020; La et al., 2020; Lee et al., 2020; Pramiyanti et al., 2020; Weng et al., 2020; Yuncg et al., 2020). There are two methods for political communication: substantive information-based tools and communicative discursive strategies (Bakir, 2020, p. 434). The substantive information-based tool comprises knowledge and information sharing (closely related to analytical capacity and organisational political capacity) and is characterised by its technical terminologies concerning the pandemic. Meanwhile, a communicative discursive strategy closely related to public trust can be seen as a policy tool to influence public opinions and perceptions (Bakir, 2020, p. 426). In this strategy, COVID-19 was framed dramatically as an existential 'enemy' to 'fight against' with 'solidarity' (Bakir, 2020, p. 426; La et al., 2020, p. 20). In the case of Vietnam, where COVID-19 was handled effectively, the discursive strategy was used more often rather than 'technical' knowledge and information (La et al., 2020, p. 20). However, both strategies must be equally used in communicating with the public.

When it comes to instruments to disseminate information, the successful country government (i.e., South Korea and Vietnam) used diverse platforms, both traditional media channels and new media channels (e.g., short message service, social networks, mobile applications, and websites), for quick and efficient information disclosure. It increased information access to help citizens improve their awareness and reduce infection risk (Lee et al., 2020; Weng et al., 2020, p. 502). Furthermore, the use of influencers to share information also played a critical role in improving government communication capability during a crisis (Pramiyanti et al., 2020, p. 17).

Political leadership

Political leadership rooted in administration tradition and resulting in policy style also plays a critical role in COVID-19 handling (Bakir, 2020). It argues that a 'strong' and 'exclusive' presidential administration is more likely to produce a quick and decisive policy response rather than the parliamentary system (Bakir, 2020, p. 425). This quick and decisive response has emerged from strong political and bureaucracy loyalty, as seen in Turkey. However, this 'strong leader' tradition is more likely to produce policy failures because of its exclusiveness, leading to policy definition limitation. Hence, there is a lack of inclusive policy feedback and the potential for failures in the policy design and implementation process (Bakir, 2020).

Co-production, citizens' cooperation, and community capacity

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There is reasonable evidence of the significant role of citizens and community-based organisation in public good and service provision and COVID-19 handling (Alam, 2020; Cheng et al., 2020; Hartley & Jarvis, 2020; La et al., 2020; Lee et al., 2020; Woo, 2020; Yen, 2020). There are three emphasises in this section: (1) co-production, (2) citizen cooperation, and (3) community capacity.

Co-production. Co-production implies that “citizens can play an active role in producing public goods and services of consequence to them” (Ostrom in Cheng et al., 2020). It is clear that coproduce response to COVID-19 was a key determinant for effective COVID-19 handling at the local level in China (Cheng et al., 2020, p. 1).

Citizens’ cooperation. Citizens’ cooperation emerged from a strong two-way communication channel between the government and civil society (Yen, 2020, p. 456). In the case of Taiwan, the communication was not only top-down (from the government to citizen; e.g., daily press conference and information dissemination) but also *bottom-up*, which could be seen in citizen critiques and questions to the government demanding transparency and responsiveness (Yen, 2020, p. 464). Through these repeated interactions with society, the government can also “refine its crisis to manage strategies to align better the intended policy goals and people’s behaviors” (Yen, 2020, p. 466). In South Korea, citizens were also highly cooperative in managing a national-level general election and successfully conducted it without spreading the disease (Lee et al., 2020, p. 377). Meanwhile, in Vietnam, quick and authentic cooperation between government, civil society, and the private sector also contributed significantly to COVID-19 containment in this country (La et al., 2020). However, in the case of Bangladesh, the inclination of state actors to “carry out their responsibilities by themselves and not collaborating with non-state actors” led to dysfunctionality and counter-production in managing the pandemic (Alam, 2020). Hence, citizens’ cooperation played a huge role in COVID-19 spread handling, and this cooperation emerged from a transparent and reliable government.

Community capacity. Despite the high level of the other capacities, deficiency in community engagement may have negatively impacted COVID-19 response, as in the Singapore case (Woo, 2020, p. 356). Singapore’s government had failed to deal with foreign worker welfare and caused a high level of COVID-19 among Singapore’s foreign workers. This lack of awareness was caused by insufficient communication between the government and NGOs, particularly those who work with foreign worker welfare (Woo, 2020, p. 356). On the other hand, despite low trust in the government, collective action (including the community-based organisation) in Hong Kong results in better COVID-19

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4 handling (Hartley & Jarvis, 2020, p. 415). This case exhibits the importance of
5 collective action in tandem with all stakeholders to combat COVID-19.
6 Furthermore, in the context of a democratic society, it has been proven that “the
7 democratic values did not deter the pursuit of collective safety at the cost of
8 civil liberty; rather, people with higher social trust more likely to give up their
9 civil liberties in exchange for public safety” (Yang & Tsai, 2020). Thus, the
10 collective actions by the citizens as a community, despite its democratic values,
11 had contributed to better community resilience against COVID-19.
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16 **4. Conclusion**

17 This paper highlighted a wide range of policy capacities (whether analytical,
18 operational, or political capacity) roles in COVID-19 handling in Asia.
19 Regarding analytical capacity, there are four main themes identified from the
20 literature: community knowledge and awareness, learning from the past,
21 commitment to evidence-informed policy, and technological use in knowledge
22 creation. Regarding operational capacity, there are three main themes identified
23 from the literature: government readiness and quick response, transparent
24 information release, effective public health policy, and effective non-
25 pharmaceutical interventions. Regarding political capacity, there are four key
26 themes identified from the literature: political trust and legitimacy, political
27 communication, political leadership, and co-production, citizens' cooperation,
28 and community capacity. Nevertheless, most of the studies are related to
29 operational capacity, while there are just a little amount of studies on analytical
30 capacity. A possible explanation for this phenomenon is the unique feature of
31 Asiatic policy workers who are comfortable with political and operational tasks
32 than analytical tasks.
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40 **5. Limitations**

41 There are three limitations of this study. First, this paper only included studies
42 published in English. Therefore, there are still “hidden” perspectives of policy
43 capacity in the global pandemic from non-English studies. Second, we did not
44 engage the stakeholders at the review initiation process. Based on the EPPI-
45 Centre review method, the involvement of stakeholders (i.e., policymakers and
46 public managers) is essential to undertake research together to generate
47 knowledge and act on that knowledge (Gough et al., 2012, p. 19). Third, we did
48 not attempt to contact the authors of included studies to inquire about any
49 unreported findings or study details.
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54 **6. Future Research and Implication**

55 While this review has addressed the research questions, we were surprised that
56 there are still dilemmas regarding the implementation and implication of
57 certain policy capacities. For instance, technological use versus individual
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privacy, the paradox of trust and legitimacy, or centralisation versus decentralisation in crisis management. Further studies on the dilemmatic aspect in policy capacity as mentioned above are therefore recommended. Besides, further work should be undertaken to investigate particularly on the role of analytical capacity to combat public health crisis in the Asian governance system as such topic remains underrepresented in the literature.

We have stated at the very beginning that the *vulnerability* of governance system were revealed by the pandemic. However, as we moved into the end of this paper, we realise that the pandemic also reflected the *robustness* of some governing practices, particularly in some Asian countries. The notion suggests several courses of action by policymakers and practitioners, not merely for future pandemic, but also for the governance system in general. *First*, as the strongest highlight of the Asian governance of pandemic was learning from the past, moment of reflection and evaluation of governance institution and practices is a necessity. Such action expectantly could generate post-pandemic future actionable plans through institutionalisation of advisory groups (such as in Singapore, Taiwan, dan South Korea) and legalisation of public health crisis related (such as in Taiwan). *Second*, as the practices in the community play a significant role to battle the crisis in many Asian countries, the government should involved in the community capacity development program to build capable communities through a constant health promotion and provision of 'social infrastructure' (referring to Klinenberg, 2018). The first approach is *deductive* (top-down), while the latter is *inductive* (bottom-up). The balance of both complements each other to fill the gap of each approach. Eventually, the pandemic has dismantled the existing governance system, institution, and practice, revealing the policy and governance capacity. However, it also has delineated the social system in a society as a whole. Putting attention to these to aspects is expected to be a preparation for the next 'public health war'.

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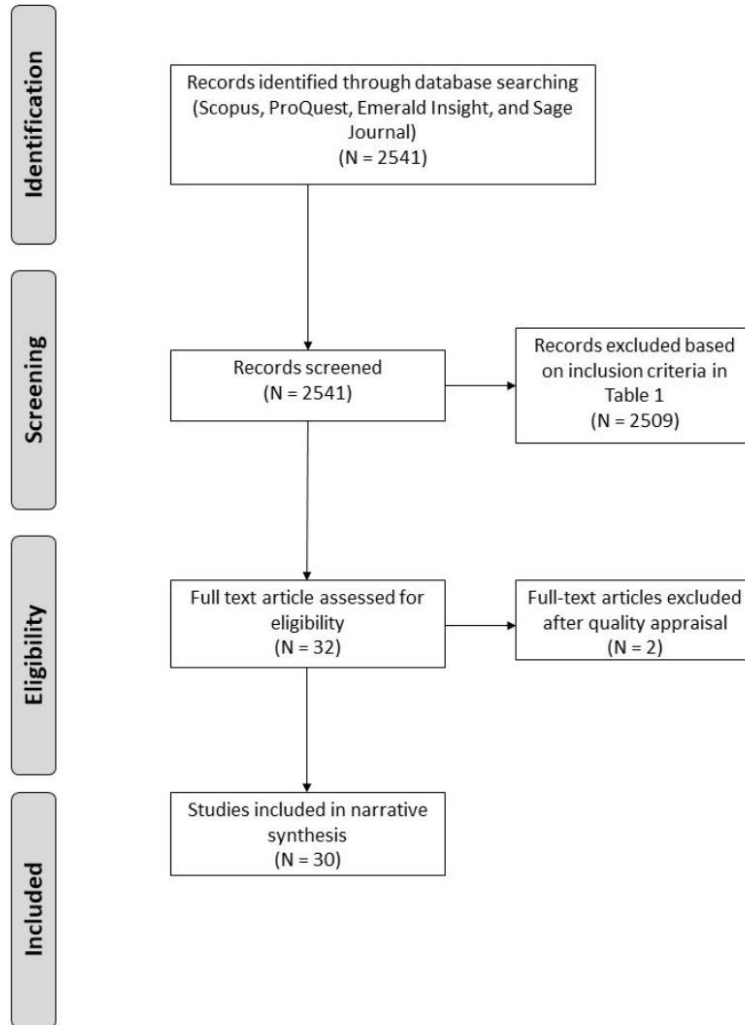
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Figure 1: PRISMA flow diagram



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Table 1: Inclusion criteria for the review

Typology	Inclusion criteria
Topic	Relating to at least one of the research questions (either analytical capacity, managerial capacity, or political capacity in the context of COVID-19 handling).
Timeframe	Published between January 1, 2020 and October 22, 2020.
Geographical spread	Referring to at least one Asian countries.
Study base	Original research paper (primary) and review paper (secondary).
Transparency	Explicitly state its methods.

Table 2: Summary of literature characteristics

	N (30 total)	%
<i>Countries</i>		
China (Mainland)	4	13.33
Vietnam	4	13.33
South Korea	3	10
Bangladesh	2	6.67
Saudi Arabia	2	6.67
Singapore	2	6.67
Taiwan	2	6.67
Hong Kong	1	3.33
India	1	3.33
Indonesia	1	3.33
Macao	1	3.33
Philippines	1	3.33
Turkey	1	3.33
Multiple countries	5	16.67
<i>Relation to the research questions (multiple allowed)</i>		
RQ1	7	23.33
RQ2	21	70
RQ3	14	46.67
<i>Type of Literature</i>		
Primary	15	50
Secondary	15	50
<i>Methods</i>		
Qualitative study	21	70
Case study	2	6.67
Survey research	5	16.67
Cross-sectional study	1	3.33
Mixed methods study	1	3.33

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Table 3: Descriptive map of reviewed literature with research question categorisation

Study	Research objective(s)	Setting	Type of Literature and Methods	Main findings	RQ1	RQ2	RQ3
Alam	To analyse: (1) the management system in containing COVID-19 pandemic as well as (2) the role played by many different bureaucratic leaders both at national and local levels, particularly in the interface between administrative leaders and the health sector	Bangladesh	Secondary: using secondary data and self-observation	There are two determinants to dysfunctionality and counter-production of management system in controlling COVID-19: (1) the preference of administrative leaders to <i>lead from behind</i> ; (2) the inclination of state actors to not work with the non-governmental institution.	Y	Y	Y
Almutairi et al.	To assess public trust and compliance with the precautionary measures implemented by authorities to battle against COVID-19	Saudi Arabia	Primary: a cross-sectional study using electronic questionnaires with 1232 participants	A high level of trust caused the steady growth of COVID-19 and the low death rate by the public in the authorities and healthcare system. Furthermore, several determinants significantly affect compliance with precautionary practices: gender, age, marital status, and educational level, among others.	N	N	Y
Bakir	To examine how Turkey has been containing COVID-19 effect on public health, as well as to gain an understanding of the introduction, implementation, and effect of health policy instrument	Turkey	Secondary: analysis of multiple resources	A presidential system (i.e., in the Turkish ' <i>presidentialisation</i> ' context) is considerable to introduce policies and implement their instrument mixed punctually or without being refused as occurred in the parliamentary system. However, this exclusive policy style mounting	N	N	Y

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	mixes			criticism about the risks of both policy design and implementation failures, particularly because of poorly diagnosed policy problems.			
Chen et al.	To look at the mitigation effectiveness for the transmission of COVID-19 and the pandemic severity	Multiple countries (China, Korea, Japan, the USA, Italy, and Brazil)	Primary: a quantitative case study	Four factors played a significant role in containing COVID-19 from spreading: viral testing, contact tracing, strict implementation of lockdown, and public cooperation.	N	Y	N
Cheng et al.	To examine community-based organisations roles in the containment of COVID-19	Zhejiang Province (China)	Primary: qualitative research by conducting interviews during and after the outbreak in Zhejiang with 100 informants	Three important roles of a community-based organisation in every stage of COVID-19 responses: (1) comprehensive epidemic prevention and control, (2) balancing epidemic control and social functions, and (3) the normalisation of epidemic prevention and control.	N	N	Y
Dinh	To examine the expeditious response of Vietnam in avoiding the outbreak before and during the first wave of the COVID-19	Vietnam	Secondary: analysis of published media and contemporary research	A key success for the anti-pandemic process in Vietnam is the quick reaction of the government and the adaptation of the people	N	Y	N

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	Han et al.	To analyse nine high-income countries approaches that have begun to ease the restrictions of COVID-19	Multiple countries (i.e., Hong Kong, Japan, New Zealand, Singapore, and South Korea, Germany, Norway, Spain, and the UK)	Secondary: a comparative analysis using an adapted framework	Lessons learned from nine countries to ease the pandemic: (1) the importance of a clear and transparent plan; (2) the easing of restrictions should be preceded by strong systems to monitor the infection situation; (3) the necessity of sustainable measures in reducing transmission for some time; (4) the ownership of an effective find, test, trace, isolate, and support system in a correct position.	N	Y	N
	Hartley and Jarvis	To examine Hong Kong case in tackling the pandemic despite the lack of political trust	Hong Kong	Secondary: methods are not explicitly stated	The crisis response in Hong Kong was unexpectedly successful, despite their low levels of public trust and political legitimacy, because of their community-based responses. The case reveals a gap in scholarly assumptions regarding the connections among political legitimacy, societal capacity, and crisis response capabilities.	N	N	Y
	Kim	To present the information, circumstances, and issues concerning the budgetary responses of South Korea to COVID-19	South Korea	Secondary: the author analysed the details and consequences of South Korea's budgetary responses to COVID-19	The exceptionally quick approval of two supplementary budgets by the Parliament help the government provide necessary measures to combat the pandemic. Consequently, these precipitate decisions may have an impact in the future on fiscal soundness.	N	Y	N

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	La et al.	To examine the policy response, news, and science journalism of Vietnam regarding COVID-19	Vietnam	Primary: a qualitative analysis using a self-made web crawl engine, scanning and collecting 14,952 official media news concerning COVID-19 between January 9 and April 4	Vietnam has shown political readiness to fight against the pandemic since at the earliest, which manifested in particular actions: (1) well-timed communication of the government and the media on any developments of the outbreak; (2) updated research on the COVID-19 by the science community of Vietnam which provided trusted information, and (3) immediate and authentic cooperation between government, civil society, and private individuals.	Y	Y	Y
	Le et al.	To propose a policy-related factors model from the government's actions (at all levels) that create impacts on the survival as well as the development of SMEs	Thanh Hoa Province (Vietnam)	Primary: quantitative analysis of 512 SMEs in Thanh Hoa province	Six policies that directly contributed to the development of SMEs during the pandemic: tax supporting policy, the preferential policies of the bank, the insurance policy, capital support packages of government, the act of public administration, and the role of the professional association, among others.	N	Y	N

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Lee et al.	To examine how the government has been effectively mitigating the risks of COVID-19 without any forced interruptions of citizens' daily lives, such as lockdown, using the quadruple-loop learning model	South Korea	Secondary: an analysis using a quadruple-loop learning model	Critical factors to success in controlling COVID-19 in South Korea: (1) strong leadership; (2) transparency and efficient information dissemination; (3) well-designed network system and efficient governance.	N	Y	Y
Linh et al.	To analyse Vietnam's response to the COVID-19 pandemic and link the measures to priority actions emphasised in the Sendai Framework for Disaster Risk Reduction (SFDRR)	Vietnam	Secondary: a review of the literature regarding Vietnam's response measures to the COVID-19 between January and June 2020	Four key strategies for effective pandemic response in Vietnam: (1) well prepared, (2) implementing policies at the right time, (3) risk communication, and (4) doing comprehensive approaches. These measures are indistinguishable from the four priority actions in the SFDRR.	N	Y	N
Lu et al.	To analyse Chinese social policy response towards COVID-19 crisis	China	Primary: event-centered policy analysis from February to June 2020 with complementary secondary documents, i.e., policy documents.	China has designed a comprehensive social safety net in reducing the social suffering of the society in the midst of and after crisis periods. This finding demonstrates that the pandemic-related crisis has justified an interventionist approach and logic, driven by the state's welfare system, which supports a "big government" model, while this	N	Y	N

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				model also requires justification and legitimation.			
Lu et al.	To analyse the government (at the national, provincial, and municipal level) and relevant department strategy of releasing information	China	Primary: analysis of 133 information release accounts of the Chinese government, covering their portals, apps, Weibos, and WeChats; the general circumstances was concluded by doing radar map analysis	The information release appertaining to COVID-19 was effectively administered at different levels, departments, and channels. This was proven by the complementarity between channels, the synergy of national-local governments, and the coordination between departments, which resulted in the success of China's epidemic prevention and control process.	N	Y	N
Park and Maher	To examine the fiscal responses of the government towards the pandemic based on financial management perspective	South Korea and the US	Secondary: a comparative approach	The ability to respond comprehensively and effectively to the pandemic is challenged by the financial management system of each nation that causes various policy coordination and responsiveness.	N	Y	N

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Pramiyanti et al.	To explore the habits of the citizen in accessing information as well as their trust in the government during the COVID-19 outbreak	Indonesia	Primary: a mixed-method survey (with 500 participants)	Public perception of transparency in the information release of the government concerning COVID-19 is still at a low level and causes minimum trust in the information.	N	N	Y
Shammi et al.	To examine: (1) the public opinion of comparative lockdown scenario analysis and their contribution to SDGs and the strategic management regime of COVID-19 pandemic socio-economically, (2) the implications of partial lockdown plan withdrawal	Bangladesh	Primary: purposive sampling survey method (159 respondents)	Maintaining partial lockdown was the best strategy to be implemented. At the same time, the withdrawal of partial lockdown, consequently, should be followed by (1) inclusive and transparent risk communication towards the public, (2) the new normal standard of life to recover and strengthen various sectors health guidelines and social distancing, and also (3) proper response plans and strategic management to sustain the nation.	N	Y	N

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Shangguan et al.	To examine official publicly announced information as well as other resources, i.e. social media, to comprehend the root of the crisis concerning recent management system and public health policy	China	Primary: big data analysis	Four main findings: (1) the main factor for the early quiet of media announcements was the strict control of the government over information, which directly consequence in people's unpreparedness and unawareness of COVID-19, (2) a choice between addressing a virus with an unknown magnitude and nature, and mitigating known public panic during a politically and culturally sensitive time, lead to falsehood and concealment, (3) the weak autonomous management power of local public health management departments is not advantageous for responding to the crisis at the right time, and (4) the inadequate public health medical resources were caused by many state-owned hospitals privatisation.	N	Y	N
Sharma et al.	To comprehend the COVID-19 pandemic impacts on the economy as well as the prevention measures against it	India	Primary: qualitative sentiment analysis of 15 industry experts' opinion	Measure categorisations that should the government take to manage the socio-economy of India in the pandemic: (1) fiscal policy and the stimulus package, (2) industrial measures, (3) small business and daily wagers, (4) recent economic measures, (5) measures relating to GST, (6) global outlook and	N	Y	N

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				challenges, and (7) long-term economic impacts.			
Siddiqui et al.	To analyse (1) the existence of knowledge among the Saudi and non-Saudi nationals about COVID-19 as well as its impact on their behavior to practice the protocols to prevent the COVID-19 infection, and (2) how the residents respond to the methods and protection measures adopted by the government for their dominions to eliminate the COVID-19 deployment	Saudi Arabia	Primary: non-probability snowball sampling survey study with 443 respondents	There is a significant relationship between knowledge and practice, but the strength of the association is categorised as weak; knowledge and practice of COVID-19 were followed differently in the five regions of Saudi Arabia and the level of education of the respondents influenced their choice of practice to protect themselves from the effects of COVID-19.	Y	N	N

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Upadhaya et al.	To examine the short-term fiscal and budgetary responses to the COVID-19 pandemic	Multiple South Asian countries	Secondary: analysing the perspectives of experts and government officials	Concerning financial resilience development (both at each country and regional level), it is significantly important to consider: austerity avoidance, cautious enhancement in accepting lending conditions, public sector accountability rethink, and mutual collaboration revitalisation through SAARC (South Asian Association for Regional Cooperation).	N	Y	N
Vallejo and Ong	To analyse (1) the proper time to lift Enhanced Community Quarantine (ECQ), and (2) the way in predicting and being better prepared for the next pandemic	Philippines	Secondary: a content analysis of policy responses narratives	Three findings: (1) the questions associated with the crisis which we hope will be addressed by developing science advisory systems and structures for crises and emergencies taking into consideration social, economic, and human rights contexts, (2) the importance of the role of scientists providing science information in economic and political life, (3) science and technology are essential to responsive government and governance.	Y	N	N

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Weng et. al.	To analyse the responses of the governments against COVID-19 on four tension points: (1) immediacy versus thoroughness, (2) transparency versus secrecy and security, (3) centralisation and decentralisation, and (4) state-driven solutions versus co-production	Shanghai (China) and Los Angeles (the US)	Secondary: case studies	While there are different strategies in different stages between Shanghai and Los Angeles, there are still common strategies in all stages, namely a need to emphasise proactive actions, transparency, effective communication, and a clear accountability structure, as well as the way they should be implemented, the implementors, the instruments, and the processes selection. Furthermore, how to balance the four tensions may differ significantly across countries.	Y	Y	Y
Wong and Jensen	To analyse the interaction between Singapore's public trust, risk perceptions, and public compliance	Singapore	Primary: social media tracking and online focus group discussions	High levels of trust in the government and authorities present other challenges of public complacency and the relegation of responsibility to control the risk to the authorities (i.e. the underestimation of risk by the public and non-compliant behavior).	N	N	Y

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Woo	To examine the outcome of dual-track policy (i.e. low fatalities but high infection rates) from a perspective of policy capacity	Singapore	Secondary: a literature review	The strong early response to the outbreak in Singapore was caused by the presence of several key fiscal, analytical, operational, and political capacities. However, Singapore's analytical capacities were considered low because of their unsuccessful assessment and address regarding the infection risks in the foreign worker dormitories that are densely populated and often badly managed.	Y	Y	Y
Yang and Tsai	To observe the people's reactions to the choice between individual privacy and collective security	Taiwan	Primary: survey research with 821 interviewees	Two findings: (1) people with higher social trust incline to give up their civil liberties in exchange for public safety, (2) people who support democratic values and pursue collective security are more likely to avoid privacy violation by opposing the personal information release.	N	N	Y
Yen	To examine the reasons behind the effective COVID-19 response in Taiwan	Taiwan	Secondary: a literature review	The success of Taiwan in delivering effective COVID-19 response generally based on three factors: (1) reliance on the mask policy as well as to quickly expand the capacity of mask production, (2) use of big data and technology to enhance effective implementation of disease prevention and detection measures; and (3) strong relation between state and society that leads to	Y	Y	Y

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				transparency, communication, and collaboration, caused by democratic values.			
You	To examine how the country managed to flatten the COVID-19 curve from January through April 2020 without paralysing the national health and economic systems	South Korea	Secondary: a review of South Korea's public health policy by using the material in Korean and English	Five significant factors of South Korea's success in flattening the curve: (1) national infectious disease plans, (2) collaboration with the private sector, (3) strict contact tracing, (4) an adaptive health care system, and (5) government-driven communication.	N	Y	N

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Yung et al.	To examine how the various government actions and strategies during the COVID-19 pandemic were corresponding to the dialogic public relations theory	Macao	Primary: quantitative random digital dialing (RDD) telephone survey, with a sample of 502 Macao residents aged 18 or above	The dialogic communications strategies of the Macao government in dealing with COVID-19 are as follow (1) the spirit of mutual equality, collaboration with the local community, (2) the presence imminence in crisis time, (3) engagements with stakeholders through maximum media channels and networks, (4) supportiveness to the public with both useful information and practical social support like subsidy program, and (5) the commitment to transparent and authentic communication. This strategies led to a high level of satisfaction of the public towards prevention performance.	N	Y	Y
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Legend: Y = Yes, N = No

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4 **Policy capacity during COVID-19 in Asia: A systematic literature review**
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7 **Antun Mardiyanta**

8 **Calvin Nathan Wijaya**

9 **Department of Public Administration, Universitas Airlangga, Indonesia**
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11
12 **Abstract**
13

14 COVID-19 has revealed the policy capacity of some governance institutions,
15 both resilience and vulnerability. Hence, this circumstance has demanded
16 public administration scholars and practitioners to rethink the existing
17 governance practices, particularly in making effective crisis-related policies.
18 This paper reviewed primary and secondary studies exploring the application
19 of policy capacity competencies in facilitating COVID-19 handling in Asia. In
20 achieving so, we did a systematic literature review of relevant studies
21 published between January and October 2020. Applying the agreed search term
22 to several databases, we found 2541 studies, while merely 30 were included for
23 review. Findings from the studies are predominantly closely linked to
24 operational capacity (n = 21). Other studies are related to political and analytical
25 capacity (n = 14 and 7, retrospectively). We found that there are some dilemmas
26 and inadequacy of understanding concerning the role of features in certain
27 capacities (such as technology use versus individual privacy, the paradox of
28 trust and legitimacy, or centralisation versus decentralisation), particularly in
29 the time of crisis, which is a calling for future research.
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36 **Keywords:**

37 policy capacity; COVID-19; public health policy; systematic review
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No.	Perihal	Tanggal
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Policy capacity during COVID-19 in Asia: A systematic literature review

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COVID-19 has revealed the policy capacity of some governance institutions, both resilience and vulnerability. Hence, this circumstance has demanded public administration scholars and practitioners to rethink the existing governance practices, particularly in making effective crisis-related policies. This paper reviewed primary and secondary studies exploring the application of policy capacity competencies in facilitating COVID-19 handling in Asia. In achieving so, we did a systematic literature review of relevant studies published between January and October 2020. Applying the agreed search term to several databases, we found 2541 studies, while merely 30 were included for review. Findings from the studies are predominantly closely linked to operational capacity ($n = 21$). Other studies are related to political and analytical capacity ($n = 14$ and 7, retrospectively). We found that there are some dilemmas and inadequacy of understanding concerning the role of features in certain capacities (such as technology use versus individual privacy, the paradox of trust and legitimacy, or centralisation versus decentralisation), particularly in the time of crisis, which is a calling for future research.

KEYWORDS

COVID-19, policy capacity, public health policy, systematic review

1 | INTRODUCTION

COVID-19 was not just a tragedy in our humanity, however, it also has reflected the fragility of some governance institutions in the public sector (Dunlop et al., 2020, p. 366). From the outbreak until now, there have been a huge number of studies which address government capacity in handling the disease. Some concern of the studies revolves around legitimacy (Christensen & Lægheid, 2020), effective crisis management (Correia et al., 2020; Mascio et al., 2020), policy choice (Gaskell et al., 2020), information flow (Gao & Yu, 2020; Zhang & Zhang, 2020), centralisation and decentralisation (Ang, 2020; Desson et al., 2020; Zhang & Zhang, 2020), public leadership (Plaček et al., 2020), the role of science (van Dooren & Noordegraaf, 2020), dan state-society relationship (Kavaliunas et al., 2020). The list of literature could be even longer if we try to include more studies. In short, the abundance of literature concerning COVID-19 handling shows how this messy problem could be approached from different aspects.

However, despite the wide-ranging aspects that affect the government's capacity to handle this pandemic, policy-related factors

play even more crucial roles in handling the pandemic. For example, in terms of policy design, it was argued that policy design “forge the process and content of the response” to COVID-19 (Capano, 2020). Policy narrative was also central to the effectiveness of government response (Mintrom & O'Connor, 2020). In approaching COVID-19 as an unfolding event, policy learning was essential to “formulate appropriate policies and implement them accordingly” (Raofi et al., 2020) that resulting in success in controlling the pandemic (Baniamin et al., 2020). Support towards policy also may play a pivotal role in handling COVID-19 (Earnshaw et al., 2020). Similarly, this notion also suggested by Dunlop et al. (2020) that there are seven analytical themes in the public policy and administration field that are central in responding to the challenges brought by COVID-19: policy design and instruments, policy learning, public service, and its publics, organisational capacity, public governance, administrative traditions and public sector reforms in multilevel governance (MLG). In short, there will be no way to understand the effectiveness of the response to COVID-19 without the understanding of policy and politics (Greer et al., 2020).

In this paper, we focused on how the policy capacity facilitates COVID-19 handling. Despite the wide-ranging debate of policy capacity, this term has been clearly defined as “the sets of skills and resources—or competencies and capabilities—necessary to perform policy functions” (Wu et al., 2015, p. 166, 2018, p. 3). In general, high levels of policy capacity results in superior policy outputs and outcomes while policy failure are linked with capacity shortfall (Wu et al., 2018, p. 1). Therefore, policy capacity has been a major concern for governance institutions when dealing with messy societal problems, such as COVID-19 global pandemic.

Several things need to be underlined to understand policy capacity: (1) it covers all policy processes: agenda-setting, policy formulation, policy implementation and policy evaluation; (2) it goes beyond the government itself to understand capacity, so it also embraces non-governmental institutions involvement; and (3) key to policy success are high level of capacities in multiple dimensions, however, it is not always in equal measure (Wu et al., 2015). Furthermore, policy capacity is multidimensional. It consists of three categories of main competence in policy capacity—analytical, operational and political—that involve capabilities at three levels: individual, organisational and systemic (Wu et al., 2015). This categorisation generates a framework that comprises nine basic types of policy capacity as described as follows.

Analytical capacity is a capacity that ensures that policy actions are technically sound. It can be understood as: an ability to access and apply technical and scientific knowledge and analytical techniques (individual level) (Howlett, 2015); organisational commitment to evidence-based policy (organisational level); and general state of scientific, statistical and educational facilities in a society that facilitates high-quality information to carry on analytical and managerial function (systemic level) (Wu et al., 2015). Operational capacity (or managerial capacity) ensures policy action, also with its resources, can be implemented. It can be understood as: managerial function at the individual level; performance of policy managers on the internal organisation; and coordination of governmental and non-governmental efforts to address policy problems (systemic level) (Wu et al., 2015). Political capacity is closely linked to political support. Furthermore, it can be understood as follow: “policy acumen” or policy knowledge and experience as an individual; relationship with governance partner and the public (organisational level); and public trust or public legitimation of policy actions at the systemic level (Wu et al., 2015). However, those skills and resources are interconnected, governed by different considerations, and their contributions to the policy process are separable and irreplaceable. They also may not be required for particular actions to succeed. This understanding left an issue to be addressed as Wu stated: “Are some capacity types more important than others? If yes, then what weighting should we attribute to them?” (Wu et al., 2015, p. 170).

Moreover, we focused on Asian countries’ policy capacity in dealing with COVID-19. The reason is twofold: the distinguishing feature of Asiatic mode of governance from the Western style of governance and the fact that most of Asian countries were controlling the pandemic better than the Western countries.

In terms of mode of governance, Asia has its unique administrative civilisation and policy style (Cheung, 2013; Mukherjee & Howlett, 2016)

which are “the product of a complex process of layering” (Painter & Peters, 2010, p. 25). As Mukherjee and Howlett (2016) noted, this uniqueness is based on a specific pattern of policy capacities and governance modes. Painter and Peters (2010, 26) underlined the diverse combination of local tradition and foreign import in North-east and South-east Asian administrative tradition derived from Confucianism (and non-Confucianism) and European tradition (including Continental Europe and Anglo-American). This unique feature of administrative and policy style frequently contradicts the Western style of governing. For instance, it is common that the Asiatic mode of governance tends to be pro-state (state-centric) and pro-bureaucrats (Cheung, 2013, p. 256) which is not compatible with Western “colonial” ideas of good governance. Another distinguishing feature is its tendency to embrace spiritual, moral and cultural-based values (Farazmand & Ballaj, 2015). In terms of policy capacity, most Asian countries are also more comfortable performing political and operational tasks than analytical tasks (Saguin et al., 2018). Nevertheless, this distinct feature of governance has been under-studied (Cheung, 2013). By focusing on Asian countries, this paper will be able to grasp the understanding of its uniqueness and contribute to the discourse of the Asiatic mode of governance.

Regarding the practice of governing the pandemic, recent studies has claimed that Asian countries performed a better COVID-19 handling compared to the West (Anttiroiko, 2021; Navarro, 2021; Shokoohi et al., 2020). Anttiroiko (2021) distinguished the “proactive” Asian and Asia-Pacific countries and “reactive” Western countries in responding COVID-19. This different response is caused by experience of prior epidemics and resulted in rapid recognition of the threat, and diligence and determination in COVID-19 response (Anttiroiko, 2021, p. 11; Navarro, 2021, p. 263). Other distinctive manner of East and West in responding to COVID-19 emphasised by Shokoohi et al. (2020). While the West implemented a “patient-centered” strategies in the hospital settings, the East applied a “community-centered” approach to public health strategies which was proven reduce community transmission of fast-spreading infectious disease until an effective vaccine becomes available (Shokoohi et al., 2020, p. 438). Asia countries’ past and response become an attractive context to be studied because of the differences, even contradictory, to the West.

The aforementioned problem inspired this paper to provide a systematic literature review concerning policy capacity in the COVID-19 pandemic. This paper aims to identify how policy capacity was applied in the time of crisis, particularly in dealing with COVID-19. It addresses these three questions, based on the categorisation of main competencies in policy capacity: (1) How does analytical capacity facilitate COVID-19 handling in Asia?; (2) How does managerial capacity facilitate COVID-19 handling in Asia?; (3) How does political capacity facilitate COVID-19 handling in Asia? By answering these questions, this paper contributed to both theory and praxis of governance in the time of crisis. Theoretically, this paper contributes to the development of the theory of policy capacity by identifying which capacities need to be applied, particularly in the time of crisis, based on the reviews. Practically, this paper contributes to suggest policy-makers and practitioners in dealing with future public health crisis.

This paper has been organised in the following way: Introduction, methods, results and discussion, conclusion, limitations and future research and implication. The first section of this paper gives a rationale for conducting a systematic literature review. The methods section consists of a detailed protocol for doing a systematic review. Results and discussion provide the review's synthesis, beginning with descriptive analysis of the findings and thematic analysis hereafter. The last section concludes the review, state the limitations, and gives recommendation for future research and praxis.

2 | METHODS

This paper used a systematic literature review (SLR) as its method. We attempted to synthesize policy research, particularly policy capacity-related literature in COVID-19, to answer three research questions. This paper is expected to serve policymakers for better evidence-informed decision-making, particularly when dealing with a global health crisis by addressing those questions. In other words, this review paper creates a "pragmatic science" characterised by theoretical and methodological rigour and practical relevance (Tranfield et al., 2003, p. 219). Furthermore, this review also contributed to the academic community by finding the gap for future policy capacity research.

We follow the review methods proposed by EPPI-Centre (Gough et al., 2012). This protocol was adopted because it appreciates mixed (quantitative or qualitative) methods review (EPPI-Centre, 2019). In comparison with traditional "positivistic" systematic review in medical research, EPPI-Centre review methods fulfil the needs for different systematic review approaches in social research (Oakley, 2012, p. viii), in particular by including qualitative-phenomenological perspective in the review process (Tranfield et al., 2003, pp. 212–213). According to Oakley (2012), this approach is helpful to understand the complex nature and "messy world of social research." We considered this review method suitable for the context of complex and chaotic governance of the COVID-19 pandemic, which also results in various types of research output. The methods' usage aimed to minimise bias and subjectivity in providing valuable summaries about a particular topic (Petticrew & Roberts, 2008, p. 10).

In the light of EPPI-Center review methods, we develop a protocol for conducting the review as follows (EPPI-Centre, 2010; see Figure 1).

1. Scoping the review: Prior to conceptualising research questions, we developed clear inclusion criteria that met the aim of the review. We include original research papers, either quantitative or qualitative, and review papers relating to at least one of the research questions (either analytical capacity, managerial capacity, or political capacity in the context of COVID-19 handling in Asian countries). The study must be transparent, namely, explicitly stating its methodology.
2. Searching for studies: We collected relevant studies published between 1 January 2020, and 22 October 2020, through four

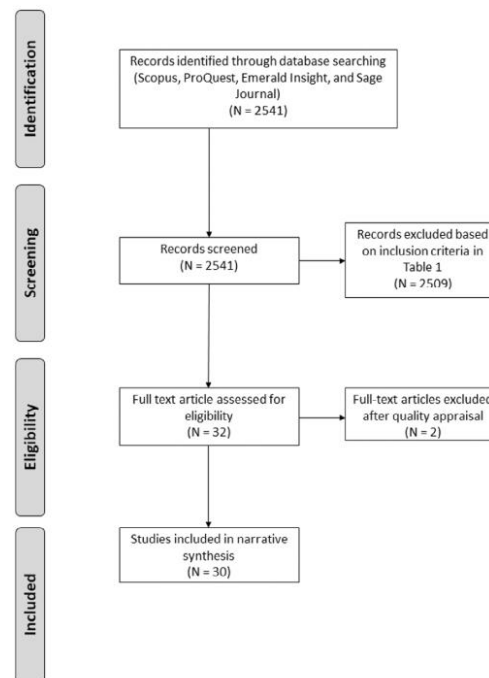


FIGURE 1 PRISMA flow diagram

electronic databases that were available to be accessed without restriction through our university's library system, namely Scopus, ProQuest, Emerald Insight, and Sage Journal. To reduce the risk of bias, we use agreed searching strategy as stated below:

("COVID-19" OR "pandemic") AND ("policy capacity" OR "governance capacity" OR "policy response" OR "policy design" OR "analytical capacity" OR "evidence-based policy" OR "evidence-informed policy" OR "knowledge-based" OR "policy analytics" OR "operational capacity" OR "managerial capacity" OR "strategic management" OR "political capacity" OR "public legitimacy" OR "public trust").

3. Screening studies: We independently screened the title, abstract and keywords of the study using the pre-determined inclusion criteria. At this stage, we were also filtering multiple same pieces of literature from the databases to ensure there was no overlapping one. Any disagreements at this step were resolved through discussion between us.
4. Describing and mapping: A descriptive map was constructed to provide a systematic description of the research activity concerning each question. We read from each included study to summarise the methodology and findings and categorised them according to relevant research questions. Table 3 presents the descriptive map of the reviewed literature in this paper.

TABLE 1 Inclusion criteria for the review.

Typology	Inclusion criteria
Topic	Relating to at least one of the research questions (either analytical capacity, managerial capacity, or political capacity in the context of COVID-19 handling).
Timeframe	Published between January 1, 2020 and October 22, 2020.
Geographical spread	Referring to at least one Asian countries.
Study base	Original research paper (primary) and review paper (secondary).
Transparency	Explicitly state its methods.

- Quality and relevance appraisal: We independently assessed the methodological quality of all included studies using different strategies for each study based on its specific methodology. For this purposes, we used CASP qualitative checklist (Critical Appraisal Skills Programme, 2018) to assess qualitative research and review articles, CEBMa checklist for the case study and survey research (Center for Evidence-Based Management (n.d.) Critical Appraisal of a Case Study; Center for Evidence-Based Management (n.d.) Critical Appraisal of a Survey), JBI checklist for cross-sectional study (Moola et al., 2017), and mixed method appraisal tool (MMAT) for mixed-method study (Pluye et al., 2011).
- Synthesising study finding: We summarised and reported the findings using narrative synthesis. This type of synthesis is known for its simplicity and does not attempt to generalise the findings (Tranfield et al., 2003, p. 217). Rather, it brings together the results from different types of studies “to provide an accessible combination of results from individual studies in structured narratives or summary tables” (EPPI-Centre, 2010, p. 15). First, we provide a full and detailed descriptive analysis of the studies in tabular form. Then, we did a thematic analysis of studies guided by three types of policy capacity, namely analytical, operational and political capacity, and discussed them separately.
- Conclusion or recommendations: We draw conclusions and recommendations based on the synthesis findings to inform policy-makers, public managers and policy scholars.

3 | RESULTS AND DISCUSSION

3.1 | The nature of included studies

We found 2541 studies suggested by the databases. Of 2541 studies, 2509 were excluded ($N = 32$) because they did not meet our inclusion criteria (see Table 1). Prior to reading the whole document and careful methodological assessment, two studies were excluded, resulting in 30 studies to be included for review. Figure 1 provides a PRISMA flow diagram delineating the number of studies included and excluded at a

TABLE 2 Summary of literature characteristics.

Summary of literature characteristics	N (30 total)	%
<i>Countries</i>		
China (Mainland)	4	13.33
Vietnam	4	13.33
South Korea	3	10
Bangladesh	2	6.67
Saudi Arabia	2	6.67
Singapore	2	6.67
Taiwan	2	6.67
Hong Kong	1	3.33
India	1	3.33
Indonesia	1	3.33
Macao	1	3.33
Philippines	1	3.33
Turkey	1	3.33
Multiple countries	5	16.67
<i>Relation to the research questions (multiple allowed)</i>		
RQ1	7	23.33
RQ2	21	70
RQ3	14	46.67
<i>Type of literature</i>		
Primary	15	50
Secondary	15	50
<i>Methods</i>		
Qualitative study	21	70
Case study	2	6.67
Survey research	5	16.67
Cross-sectional study	1	3.33
Mixed methods study	1	3.33

different stage of the review process. Table 2 summarised the characteristics of the included studies by countries and linked them to the research questions, whether it is related to analytical capacity, operational capacity, or political capacity (Table 3).

3.2 | Discussion

In the following section, we synthesise the findings narratively. We presented the review thematically, using the research questions as the guide.

3.2.1 | How does analytical capacity facilitate COVID-19 handling in Asia?

The evidence literature addressing research question 1 falls into four main themes: community knowledge and awareness, learning from

TABLE 3 Descriptive map of reviewed literature with research question categorisation.

Study	Research objective(s)	Setting	Type of literature and methods	Main findings	RQ1	RQ2	RQ3
Alam, 2020	To analyse: (1) the management system in containing COVID-19 pandemic as well as (2) the role played by many different bureaucratic leaders both at national and local levels, particularly in the interface between administrative leaders and the health sector	Bangladesh	Secondary: using secondary data and self-observation	There are two determinants to dysfunctionality and counter-production of management system in controlling COVID-19: (1) the preference of administrative leaders to lead from behind; (2) the inclination of state actors to not work with the non-governmental institution.	Y	Y	Y
Almutairi et al.	To assess public trust and compliance with the precautionary measures implemented by authorities to battle against COVID-19	Saudi Arabia	Primary: a cross-sectional study using electronic questionnaires with 1232 participants	A high level of trust caused the steady growth of COVID-19 and the low death rate by the public in the authorities and healthcare system. Furthermore, several determinants significantly affect compliance with precautionary practices: gender, age, marital status and educational level, among others.	N	N	Y
Bakir	To examine how Turkey has been containing COVID-19 effect on public health, as well as to gain an understanding of the introduction, implementation and effect of health policy instrument mixes	Turkey	Secondary: analysis of multiple resources	A presidential system (i.e., in the Turkish "presidentialisation" context) is considerable to introduce policies and implement their instrument mixed punctually or without being refused as occurred in the parliamentary system. However, this exclusive policy style mounting criticism about the risks of both policy design and implementation failures, particularly because of poorly diagnosed policy problems.	N	N	Y
Chen et al.	To look at the mitigation effectiveness for the transmission of COVID-19 and the pandemic severity	Multiple countries (China, Korea, Japan, the Unites States, Italy and Brazil)	Primary: a quantitative case study	Four factors played a significant role in containing COVID-19 from spreading: viral testing, contact tracing, strict implementation of lockdown and public cooperation.	N	Y	N
Cheng et al.	To examine community-based organisations roles in the containment of COVID-19	Zhejiang Province (China)	Primary: qualitative research by conducting interviews during and after the outbreak in Zhejiang with 100 informants	Three important roles of a community-based organisation in every stage of COVID-19 responses: (1) comprehensive epidemic prevention and control, (2) balancing	N	N	Y

(Continues)

TABLE 3 (Continued)

Study	Research objective(s)	Setting	Type of literature and methods	Main findings	RQ1	RQ2	RQ3
				epidemic control and social functions and (3) the normalisation of epidemic prevention and control.			
Dinh	To examine the expeditious response of Vietnam in avoiding the outbreak before and during the first wave of the COVID-19	Vietnam	Secondary: analysis of published media and contemporary research	A key success for the anti-pandemic process in Vietnam is the quick reaction of the government and the adaptation of the people	N	Y	N
Han et al.	To analyse nine high-income countries approaches that have begun to ease the restrictions of COVID-19	Multiple countries (i.e., Hong Kong, Japan, New Zealand, Singapore and South Korea, Germany, Norway, Spain and the United Kingdom)	Secondary: a comparative analysis using an adapted framework	Lessons learned from nine countries to ease the pandemic: (1) the importance of a clear and transparent plan; (2) the easing of restrictions should be preceded by strong systems to monitor the infection situation; (3) the necessity of sustainable measures in reducing transmission for some time; (4) the ownership of an effective find, test, trace, isolate and support system in a correct position.	N	Y	N
Hartley and Jarvis	To examine Hong Kong case in tackling the pandemic despite the lack of political trust	Hong Kong	Secondary: methods are not explicitly stated	The crisis response in Hong Kong was unexpectedly successful, despite their low levels of public trust and political legitimacy, because of their community-based responses. The case reveals a gap in scholarly assumptions regarding the connections among political legitimacy, societal capacity and crisis response capabilities.	N	N	Y
Kim	To present the information, circumstances and issues concerning the budgetary responses of South Korea to COVID-19	South Korea	Secondary: the author analysed the details and consequences of South Korea's budgetary responses to COVID-19	The exceptionally quick approval of two supplementary budgets by the Parliament help the government provide necessary measures to combat the pandemic. Consequently, these precipitate decisions may have an impact in the future on fiscal soundness.	N	Y	N
La et al.	To examine the policy response, news and science journalism of Vietnam regarding COVID-19	Vietnam	Primary: a qualitative analysis using a self-made web crawl engine, scanning and collecting 14,952 official media news	Vietnam has shown political readiness to fight against the pandemic since at the earliest, which manifested in particular actions: (1) well-timed communication	Y	Y	Y

TABLE 3 (Continued)

Study	Research objective(s)	Setting	Type of literature and methods	Main findings	RQ1	RQ2	RQ3
			concerning COVID-19 between January 9 and April 4	of the government and the media on any developments of the outbreak; (2) updated research on the COVID-19 by the science community of Vietnam which provided trusted information and (3) immediate and authentic cooperation between government, civil society and private individuals.			
Le et al.	To propose a policy-related factors model from the government's actions (at all levels) that create impacts on the survival as well as the development of SMEs	Thanh Hoa Province (Vietnam)	Primary: quantitative analysis of 512 SMEs in Thanh Hoa province	Six policies that directly contributed to the development of SMEs during the pandemic: tax supporting policy, the preferential policies of the bank, the insurance policy, capital support packages of government, the act of public administration and the role of the professional association, among others.	N	Y	N
Lee et al.	To examine how the government has been effectively mitigating the risks of COVID-19 without any forced interruptions of citizens' daily lives, such as lockdown, using the quadruple-loop learning model	South Korea	Secondary: an analysis using a quadruple-loop learning model	Critical factors to success in controlling COVID-19 in South Korea: (1) strong leadership; (2) transparency and efficient information dissemination; (3) well-designed network system and efficient governance.	N	Y	Y
Linh et al.	To analyse Vietnam's response to the COVID-19 pandemic and link the measures to priority actions emphasised in the Sendai Framework for Disaster Risk Reduction (SFDRR)	Vietnam	Secondary: a review of the literature regarding Vietnam's response measures to the COVID-19 between January and June 2020	Four key strategies for effective pandemic response in Vietnam: (1) well prepared, (2) implementing policies at the right time, (3) risk communication and (4) doing comprehensive approaches. These measures are indistinguishable from the four priority actions in the SFDRR.	N	Y	N
Lu et al.	To analyse Chinese social policy response towards COVID-19 crisis	China	Primary: event-centered policy analysis from February to June 2020 with complementary secondary documents, that is, policy documents.	China has designed a comprehensive social safety net in reducing the social suffering of the society in the midst of and after crisis periods. This finding demonstrates that the pandemic-related crisis has justified an interventionist approach and logic, driven by the state's welfare system,	N	Y	N

(Continues)

TABLE 3 (Continued)

Study	Research objective(s)	Setting	Type of literature and methods	Main findings	RQ1	RQ2	RQ3
				which supports a “big government” model, while this model also requires justification and legitimation.			
Lu et al.	To analyse the government (at the national, provincial, and municipal level) and relevant department strategy of releasing information	China	Primary: analysis of 133 information release accounts of the Chinese government, covering their portals, apps, Weibos, and WeChats; the general circumstances was concluded by doing radar map analysis	The information release appertaining to COVID-19 was effectively administered at different levels, departments and channels. This was proven by the complementarity between channels, the synergy of national-local governments, and the coordination between departments, which resulted in the success of China's epidemic prevention and control process.	N	Y	N
Park and Maher	To examine the fiscal responses of the government towards the pandemic based on financial management perspective	South Korea and the US	Secondary: a comparative approach	The ability to respond comprehensively and effectively to the pandemic is challenged by the financial management system of each nation that causes various policy coordination and responsiveness.	N	Y	N
Pramiyanti et al.	To explore the habits of the citizen in accessing information as well as their trust in the government during the COVID-19 outbreak	Indonesia	Primary: a mixed-method survey (with 500 participants)	Public perception of transparency in the information release of the government concerning COVID-19 is still at a low level and causes minimum trust in the information.	N	N	Y
Shammi et al.	To examine: (1) the public opinion of comparative lockdown scenario analysis and their contribution to SDGs and the strategic management regime of COVID-19 pandemic socio-economically, (2) the implications of partial lockdown plan withdrawal	Bangladesh	Primary: purposive sampling survey method (159 respondents)	Maintaining partial lockdown was the best strategy to be implemented. At the same time, the withdrawal of partial lockdown, consequently, should be followed by (1) inclusive and transparent risk communication towards the public, (2) the new normal standard of life to recover and strengthen various sectors health guidelines and social distancing and also (3) proper response plans and strategic management to sustain the nation.	N	Y	N
Shangguan et al.	To examine official publicly announced information as well as other resources, that is,	China	Primary: big data analysis	Four main findings: (1) the main factor for the early quiet of media announcements was the	N	Y	N

TABLE 3 (Continued)

Study	Research objective(s)	Setting	Type of literature and methods	Main findings	RQ1	RQ2	RQ3
	social media, to comprehend the root of the crisis concerning recent management system and public health policy			strict control of the government over information, which directly consequence in people's unpreparedness and unawareness of COVID-19, (2) a choice between addressing a virus with an unknown magnitude and nature and mitigating known public panic during a politically and culturally sensitive time, lead to falsehood and concealment, (3) the weak autonomous management power of local public health management departments is not advantageous for responding to the crisis at the right time and (4) the inadequate public health medical resources were caused by many state-owned hospitals privatisation.			
Sharma et al.	To comprehend the COVID-19 pandemic impacts on the economy as well as the prevention measures against it	India	Primary; qualitative sentiment analysis of 15 industry experts' opinion	Measure categorisations that should the government take to manage the socio-economy of India in the pandemic: (1) fiscal policy and the stimulus package, (2) industrial measures, (3) small business and daily wagers, (4) recent economic measures, (5) measures relating to GST, (6) global outlook and challenges and (7) long-term economic impacts.	N	Y	N
Siddiqui et al.	To analyse (1) the existence of knowledge among the Saudi and non-Saudi nationals about COVID-19 as well as its impact on their behaviour to practice the protocols to prevent the COVID-19 infection, and (2) how the residents respond to the methods and protection measures adopted by the government for their dominions to eliminate the COVID-19 deployment	Saudi Arabia	Primary; non-probability snowball sampling survey study with 443 respondents	There is a significant relationship between knowledge and practice, but the strength of the association is categorised as weak; knowledge and practice of COVID-19 were followed differently in the five regions of Saudi Arabia and the level of education of the respondents influenced their choice of practice to protect themselves from the effects of COVID-19.	Y	N	N

(Continues)

TABLE 3 (Continued)

Study	Research objective(s)	Setting	Type of literature and methods	Main findings	RQ1	RQ2	RQ3
Upadhaya et al.	To examine the short-term fiscal and budgetary responses to the COVID-19 pandemic	Multiple South Asian countries	Secondary: analysing the perspectives of experts and government officials	Concerning financial resilience development (both at each country and regional level), it is significantly important to consider: austerity avoidance, cautious enhancement in accepting lending conditions, public sector accountability rethink, and mutual collaboration revitalisation through SAARC (South Asian Association for Regional Cooperation).	N	Y	N
Vallejo and Ong	To analyse (1) the proper time to lift enhanced community quarantine (ECQ), and (2) the way in predicting and being better prepared for the next pandemic	Philippines	Secondary: a content analysis of policy responses narratives	Three findings: (1) the questions associated with the crisis which we hope will be addressed by developing science advisory systems and structures for crises and emergencies taking into consideration social, economic and human rights contexts, (2) the importance of the role of scientists providing science information in economic and political life, (3) science and technology are essential to responsive government and governance.	Y	N	N
Weng et al.	To analyse the responses of the governments against COVID-19 on four tension points: (1) immediacy versus thoroughness, (2) transparency versus secrecy and security, (3) centralisation and decentralisation and (4) state-driven solutions versus co-production	Shanghai (China) and Los Angeles (the United States)	Secondary: case studies	While there are different strategies in different stages between Shanghai and Los Angeles, there are still common strategies in all stages, namely a need to emphasise proactive actions, transparency, effective communication and a clear accountability structure, as well as the way they should be implemented, the implementors, the instruments and the processes selection. Furthermore, how to balance the four tensions may differ significantly across countries.	Y	Y	Y
Wong and Jensen	To analyse the interaction between Singapore's public trust, risk perceptions and public compliance	Singapore	Primary: social media tracking and online focus group discussions	High levels of trust in the government and authorities present other challenges of public complacency and the relegation of responsibility	N	N	Y

TABLE 3 (Continued)

Study	Research objective(s)	Setting	Type of literature and methods	Main findings	RQ1	RQ2	RQ3
				to control the risk to the authorities (i.e., the underestimation of risk by the public and non-compliant behaviour).			
Woo	To examine the outcome of dual-track policy (i.e., low fatalities but high infection rates) from a perspective of policy capacity	Singapore	Secondary: a literature review	The strong early response to the outbreak in Singapore was caused by the presence of several key fiscal, analytical, operational and political capacities. However, Singapore's analytical capacities were considered low because of their unsuccessful assessment and address regarding the infection risks in the foreign worker dormitories that are densely populated and often badly managed.	Y	Y	Y
Yang and Tsai	To observe the people's reactions to the choice between individual privacy and collective security	Taiwan	Primary: survey research with 821 interviewees	Two findings: (1) people with higher social trust incline to give up their civil liberties in exchange for public safety, (2) people who support democratic values and pursue collective security are more likely to avoid privacy violation by opposing the personal information release.	N	N	Y
Yen	To examine the reasons behind the effective COVID-19 response in Taiwan	Taiwan	Secondary: a literature review	The success of Taiwan in delivering effective COVID-19 response generally based on three factors: (1) reliance on the mask policy as well as to quickly expand the capacity of mask production, (2) use of big data and technology to enhance effective implementation of disease prevention and detection measures; and (3) strong relation between state and society that leads to transparency, communication and collaboration, caused by democratic values.	Y	Y	Y
You	To examine how the country managed to flatten the COVID-19 curve from January through April 2020 without paralysing the	South Korea	Secondary: a review of South Korea's public health policy by using the material in Korean and English	Five significant factors of South Korea's success in flattening the curve: (1) national infectious disease plans, (2) collaboration with the private sector, (3)	N	Y	N

(Continues)

TABLE 3 (Continued)

Study	Research objective(s)	Setting	Type of literature and methods	Main findings	RQ1	RQ2	RQ3
	national health and economic systems			strict contact tracing, (4) an adaptive health care system and (5) government-driven communication.			
Yungc et al.	To examine how the various government actions and strategies during the COVID-19 pandemic were corresponding to the dialogic public relations theory	Macao	Primary: quantitative random digital dialling (RDD) telephone survey, with a sample of 502 Macao residents aged 18 or above	The dialogic communications strategies of the Macao government in dealing with COVID-19 are as follow (1) the spirit of mutual equality, collaboration with the local community, (2) the presence imminence in crisis time, (3) engagements with stakeholders through maximum media channels and networks, (4) supportiveness to the public with both useful information and practical social support like subsidy program and (5) the commitment to transparent and authentic communication. This strategies led to a high level of satisfaction of the public towards prevention performance.	N	Y	Y

Note: Y, yes; N, no.

the past, commitment to evidence-informed policy and technological use in knowledge creation.

Community knowledge and awareness

There is reasonable evidence in the reviewed literature that community knowledge and awareness regarding COVID-19 promote its containment and treatment adequately (Siddiqui et al., 2020), which is related to analytical capacity at the individual level. However, at the same time also has a connection to information sharing at the organisational level. For instance, in Saudi Arabia, the people had a high level of knowledge regarding COVID-19 prevention (Siddiqui et al., 2020). One of the main reasons for this was that the Ministry of Health in Saudi Arabia always educates and increases public awareness. Hence, community knowledge and awareness, considered in this study as policy analytical capacity by the people, has contributed to the COVID-19 handling.

Learning from the past

According to the reviewed literature, there are several repeated mentions on the capacity building that the government performed regarding pandemic (Alam, 2020; Bakir, 2020; Hartley & Jarvis, 2020; La

et al., 2020; Lee et al., 2020; Linh et al., 2020; Weng et al., 2020; Woo, 2020; Yen, 2020). Most governments that effectively handle COVID-19 have learned from the past pandemic, for example, SARS, MERS, H5N1, H1N1 and other health crises. This form of capacity building was built in a variety of forms, namely (1) the institutionalisation of science advisory groups (such as Center for Strategic Future in Singapore, National Health Command Center in Taiwan, and Korea Center for Disease Control and Prevention in South Korea) (Lee et al., 2020; Woo, 2020; Yen, 2020); (2) the creation of a legal foundation for the pandemic, particularly Taiwan's Communicable Disease Control Act (CDC Act); (3) the more experienced government and technocrats in dealing with COVID-19 fight that results in the right decision making and effective policy implementation (for instance, contact tracing, quarantine management and face mask policy) (Bakir, 2020; Woo, 2020; Yen, 2020); (4) social memory that constructed in the mind of the people affected raising awareness of COVID-19 (Hartley & Jarvis, 2020, p. 414); and lastly (5) preparation to fight against the pandemic (as discussed later). On the contrary, this pandemic was a new challenge for Bangladesh had not experienced any significant outbreaks since its independence in 1971. Consequently, mismanagement in the Bangladesh health sector happened

(Alam, 2020). In short, past pandemics and health catastrophes have been a precious legacy for many countries affected to improve their institutional and managerial capabilities and their collective awareness in dealing with the recent pandemic.

Commitment to evidence-informed policy

Successful governments in dealing with COVID-19 acknowledged the importance of evidence-informed policy (La et al., 2020; Lee et al., 2020; Linh et al., 2020; Vallejo & Ong, 2020). The enabling environment for the evidence-informed policy is the commitment of the officials to perform evidence-based measures and support the scientific community, and this is considered analytical capacity at the organisational level. Regarding the literature, three countries undoubtedly committed to evidence and science-based policymaking during COVID-19 handling: the Philippines, South Korea and Vietnam, among others. In this crisis, the Philippines government and its public have “immediately recognised the importance of the role of scientists providing science information in economic and political life” (Vallejo & Ong, 2020). Moreover, South Korea put huge attention to scientific evidence over politics (Lee et al., 2020, p. 375), and the president also has constructed “a power hierarchy based on professional knowledge and experience” (Lee et al., 2020, p. 471). Meanwhile, in Vietnam, the government has invested in science and research to identify effective response solutions that result in numerous studies regarding COVID-19 (Linh et al., 2020) and using up-to-date research to give reliable information (La et al., 2020). This form of analytical capacity has contributed to policy success in both countries.

Technological use in knowledge creation

The technological tool is an essential component of analytical capacity, as stated in many works of literature (Linh et al., 2020; Woo, 2020; Yen, 2020). Technology, particularly information and communication technology (ICT) is used to do contact tracing, implementation of measures effectively, achieved the intended policy goals more effectively (Woo, 2020, p. 354; Yen, 2020, p. 456), “online consultations, online medical declarations, risk communication and online learning” (Linh et al., 2020). However, ICT raised an issue about individual privacy security.

3.2.2 | How does operational capacity facilitate COVID-19 handling in Asia?

The evidence from the literature addressing research question 2 falls into three main themes: government readiness and quick response, transparent information release, effective public health policy and effective non-pharmaceutical interventions.

Government readiness and quick response

Many works of literature highlight the contribution of government readiness and quick response to combat COVID-19 (La et al., 2020; Shangguan et al., 2020; Weng et al., 2020; Woo, 2020). Government readiness and quick response to COVID-19 related to capacity

building from past experiences in handling pandemics and other public health crisis (related to “learning from the past” section), for instance, Singapore has low levels of COVID-19 fatalities and this happened due to the existence of several key policy capacities that have been built, particularly capacity building on the healthcare system, since SARS pandemic crisis 17 years ago (Woo, 2020, pp. 348–349). The Vietnamese government also demonstrated this capacity (Dinh, 2020; La et al., 2020). Preparedness and immediate action are the main contributors to successful response vis-à-vis the COVID-19 pandemic. Otherwise, initial delays and slow response against COVID-19, such as in China, resulted in worse circumstances where the rest of the world should fight this wicked problem (Shangguan et al., 2020, p. 12).

Transparent information release

Transparency in terms of information release is a key to effective COVID-19 transmission (La et al., 2020; Lu et al., 2020; Shangguan et al., 2020; Yungc et al., 2020). When the outbreak emerged in Wuhan, China, the Chinese government had made a mistake of minimum information release due to strict government control over information (Shangguan et al., 2020). This centralisation of information and media, consequently, developed unpreparedness as well as unawareness of the people towards COVID-19. This practice was the opposite of what China's Special Administrative Region, Macao, had done: “dialogic communication” that is engagements with stakeholders through maximum media channels and networks and the commitment to transparent and genuine communication (Yungc et al., 2020). The condition in China changed after the information release on the COVID-19 was coordinated effectively at different levels, departments and channels (Lu et al., 2020). This evidence emphasises the importance of transparent information release to inform the people about the pandemic as well as its distribution to different media channels and networks. Furthermore, this transparent information dissemination should be done promptly and based on a reliable source of information, that is, the latest research, as seen in the Vietnam case (La et al., 2020). Finally, in the times of recovery from the pandemic, this should be followed by inclusive and transparent risk communication towards the public (Shammi et al., 2020). Hence, transparent scientific information released towards the public and the utilisation of wide-range communication media is exceedingly beneficial in containing COVID-19 in all stages.

Effective public health policy

There is reasonable evidence in the literature that effective public health interventions lead to better COVID-19 handling (Chen et al., 2020; Han et al., 2020; Linh et al., 2020; Woo, 2020; Yen, 2020; You, 2020). Concerning public health policy, some policies were implemented, such as face mask policy, contact tracing, free treatment and testing for COVID-19, and improving response and infrastructure capacity of the healthcare system.

1. Face mask policy: The success of the fight against COVID-19, particularly in Taiwan, China and South Korea, may be due to the government that relies heavily on the face mask policy as preventive policy action (Chen et al., 2020, p. 10; Yen, 2020, p. 456).

2. Contact tracing: Besides the face mask policy, effective contact tracing with a high number of mobilised contact tracers and established procedures for doing so also played a critical role in the containment of COVID-19 (Chen et al., 2020, p. 10; Han et al., 2020; Woo, 2020, p. 350). Furthermore, free treatment and testing for COVID-19, social distancing, as well as lockdown also made a huge impact. On the other hand, delay in implementing those policies may result in "hidden" infected people and becoming a forthcoming infection source (Chen et al., 2020).
3. Improvement in the healthcare system: Major epidemics in the past, namely SARS in 2003 and MERS in 2015, motivated many Asian countries to establish healthcare and public health infrastructure as preparation for them in the future public health crisis (Han et al., 2020). Furthermore, in a successful country in handling the pandemic such as Vietnam, the government has put the priority on improving the response capacity of the healthcare system, both curative and preventive sectors (Linh et al., 2020).

Effective non-pharmaceutical interventions

Non-pharmaceutical interventions, for example, fiscal policy, economic policy and social policy, were also identified in the literature as a response to COVID-19 impact on other sectors apart from the public health sector (Kim, 2020; Le et al., 2020; Lu et al., 2020; Park & Maher, 2020; Upadhaya et al., 2020).

1. Fiscal policy. Regarding fiscal policy, there is evidence from the literature that there was a dilemma between "prompt" or even tend to "hasty" fiscal policy responses necessary to fight COVID-19 and its consequences on fiscal soundness (Kim, 2020). Furthermore, it also raised a question about fiscal federalism if the fiscal policy development and implementation should be centralised or decentralised in a time of crisis that needs an urgent response. The literature concludes, in South Korea, decentralisation is less efficient than a more centrally directed fiscal policy (Park & Maher, 2020, p. 593). Meanwhile, in the context of South Asia (i.e., India, Nepal and Sri Lanka), the government has "demonstrated the characteristics of "reactive adapters" in financial resilience" (Barbera et al. in Upadhaya et al., 2020). Also, the pandemic has forced this region to strengthen its capacities through short-term fiscal and budgetary responses (Upadhaya et al., 2020).
2. Economic policy. Regarding economic policy, particularly on affected small and medium enterprises (SMEs) in Vietnam, there were several interventions implemented to help SMEs survivability and development: tax supporting policy, preferential policies of the bank, capital support packages, insurance policy, the act of public administration and the role of a professional association (Le et al., 2020, p. 3690).
3. Social policy. Social policy intervention is needed since the pandemic also caused social risks and hazards. There is evidence in the literature that diverse forms of social intervention were applied in various countries to respond to the social risk of COVID-19. For instance, China adopted diverse social protection programs that comprise a wide range of policy areas, for example, insurance

policy, monetary intervention, service-related intervention and legal intervention (Lu et al., 2020, p. 12). This holistic approach is also suggested concerning labour policy response in India (Sharma et al., 2020).

3.2.3 | How does political capacity facilitate COVID-19 handling in Asia?

The evidence from literature addressing research question 3 falls into four main themes: political trust and legitimacy, political communication, political leadership, co-production, citizens' cooperation and community capacity.

Political trust and legitimacy

In the context of political capacity during COVID-19, political trust and legitimacy were most discussed by reviewed literature (Almutairi et al., 2020; Hartley & Jarvis, 2020; Wong & Jensen, 2020; Yen, 2020). While there was evidence in the literature concerning a positive correlation between public trust and COVID-19 handling, particularly in Saudi Arabia and Taiwan (Almutairi et al., 2020, p. 756; Yen, 2020, p. 758), we also found that there is a paradox of trust and legitimacy, particularly in the case of Hong Kong and Singapore. Hong Kong's public trust in the government is low, as seen in ongoing demonstrations by pro-democracy supporters against the government. This circumstance is also compounded with many suspicions toward the government that the pandemic "would be used by authorities to clamp down on pro-democracy advocates and extend Beijing's authority over the territory" (Hartley & Jarvis, 2020, p. 410). However, despite (and because of) low levels of political trust and legitimacy towards the government, community-based mobilisation has been the main resource in the containment of COVID-19 in Hong Kong, for example, grassroots activists' response by providing face-masks to marginal and poor citizens. This community response to COVID-19 is built around "perceptions of government failure, non-responsiveness and questions about the transparency and accuracy of government information in dealing with the virus" (Hartley & Jarvis, 2020, p. 411).

On the contrary, in Singapore, the public trust in the government was quite high. It led to low compliance with the government's risk management measures (Wong & Jensen, 2020, p. 8) due to Singaporean's low levels of perceived risk. In other words, the high level of public trust in the government has resulted in "the underestimation of risk by the public and non-cooperative behaviour" (Wong & Jensen, 2020, p. 9).

This paradox and contrary condition regarding the role of public trust and legitimacy, particularly in Hong Kong and Singapore, challenged the argument that systemic-political capacity (that is indicated by "the level of trust in the political, social, economic and security spheres of policy action") is the one which potentially shapes all other capacities (Wu et al., 2015, p. 170). In short, these findings show that there is no one-size-fits-all explanation of whether public trust and legitimation promote better COVID-19 handling or not.

Political communication

There is reasonable evidence in the literature to conclude that effective political communication and information dissemination facilitate COVID-19 handling, in particular, to enhance public compliance and trust in regulation and government (Bakir, 2020; La et al., 2020; Lee et al., 2020; Pramiyanti et al., 2020; Weng et al., 2020; Yungc et al., 2020). There are two methods for political communication: substantive information-based tools and communicative discursive strategies (Bakir, 2020, p. 434). The substantive information-based tool comprises knowledge and information sharing (closely related to analytical capacity and organisational political capacity) and is characterised by its technical terminologies concerning the pandemic. Meanwhile, a communicative discursive strategy closely related to public trust can be seen as a policy tool to influence public opinions and perceptions (Bakir, 2020, p. 426). In this strategy, COVID-19 was framed dramatically as an existential “enemy” to “fight against” with “solidarity” (Bakir, 2020, p. 426; La et al., 2020, p. 20). In the case of Vietnam, where COVID-19 was handled effectively, the discursive strategy was used more often rather than “technical” knowledge and information (La et al., 2020, p. 20). However, both strategies must be equally used in communicating with the public.

When it comes to instruments to disseminate information, the successful country government (i.e., South Korea and Vietnam) used diverse platforms, both traditional media channels and new media channels (e.g., short message service, social networks, mobile applications and websites), for quick and efficient information disclosure. It increased information access to help citizens improve their awareness and reduce infection risk (Lee et al., 2020; Weng et al., 2020, p. 502). Furthermore, the use of influencers to share information also played a critical role in improving government communication capability during a crisis (Pramiyanti et al., 2020, p. 17).

Political leadership

Political leadership rooted in administration tradition and resulting in policy style also plays a critical role in COVID-19 handling (Bakir, 2020). It argues that a “strong” and “exclusive” presidential administration is more likely to produce a quick and decisive policy response rather than the parliamentary system (Bakir, 2020, p. 425). This quick and decisive response has emerged from strong political and bureaucracy loyalty, as seen in Turkey. However, this “strong leader” tradition is more likely to produce policy failures because of its exclusiveness, leading to policy definition limitation. Hence, there is a lack of inclusive policy feedback and the potential for failures in the policy design and implementation process (Bakir, 2020).

Co-production, citizens' cooperation and community capacity

There is reasonable evidence of the significant role of citizens and community-based organisation in public good and service provision and COVID-19 handling (Alam, 2020; Cheng et al., 2020; Hartley & Jarvis, 2020; La et al., 2020; Lee et al., 2020; Woo, 2020; Yen, 2020). There are three emphasises in this section: (1) co-production, (2) citizen cooperation and (3) community capacity.

1. Co-production. Co-production implies that “citizens can play an active role in producing public goods and services of consequence to them” (Ostrom in Cheng et al., 2020). It is clear that coproduce response to COVID-19 was a key determinant for effective COVID-19 handling at the local level in China (Cheng et al., 2020, p. 1).
2. Citizens' cooperation. Citizens' cooperation emerged from a strong two-way communication channel between the government and civil society (Yen, 2020, p. 456). In the case of Taiwan, the communication was not only top-down (from the government to citizen; e.g., daily press conference and information dissemination) but also bottom-up, which could be seen in citizen critiques and questions to the government demanding transparency and responsiveness (Yen, 2020, p. 464). Through these repeated interactions with society, the government can also “refine its crisis to manage strategies to align better the intended policy goals and people's behaviours” (Yen, 2020, p. 466). In South Korea, citizens were also highly cooperative in managing a national-level general election and successfully conducted it without spreading the disease (Lee et al., 2020, p. 377). Meanwhile, in Vietnam, quick and authentic cooperation between government, civil society and the private sector also contributed significantly to COVID-19 containment in this country (La et al., 2020). However, in the case of Bangladesh, the inclination of state actors to “carry out their responsibilities by themselves and not collaborating with non-state actors” led to dysfunctionality and counter-production in managing the pandemic (Alam, 2020). Hence, citizens' cooperation played a huge role in COVID-19 spread handling, and this cooperation emerged from a transparent and reliable government.
3. Community capacity. Despite the high level of the other capacities, deficiency in community engagement may have negatively impacted COVID-19 response, as in the Singapore case (Woo, 2020, p. 356). Singapore's government had failed to deal with foreign worker welfare and caused a high level of COVID-19 among Singapore's foreign workers. This lack of awareness was caused by insufficient communication between the government and NGOs, particularly those who work with foreign worker welfare (Woo, 2020, p. 356). On the other hand, despite low trust in the government, collective action (including the community-based organisation) in Hong Kong results in better COVID-19 handling (Hartley & Jarvis, 2020, p. 415). This case exhibits the importance of collective action in tandem with all stakeholders to combat COVID-19. Furthermore, in the context of a democratic society, it has been proven that “the democratic values did not deter the pursuit of collective safety at the cost of civil liberty; rather, people with higher social trust more likely to give up their civil liberties in exchange for public safety” (Yang & Tsai, 2020). Thus, the collective actions by the citizens as a community, despite its democratic values, had contributed to better community resilience against COVID-19.

4 | CONCLUSION

This paper highlighted a wide range of policy capacities (whether analytical, operational, or political capacity) roles in COVID-19 handling in

Asia. Regarding analytical capacity, there are four main themes identified from the literature: community knowledge and awareness, learning from the past, commitment to evidence-informed policy, and technological use in knowledge creation. Regarding operational capacity, there are three main themes identified from the literature: government readiness and quick response, transparent information release, effective public health policy and effective non-pharmaceutical interventions. Regarding political capacity, there are four key themes identified from the literature: political trust and legitimacy, political communication, political leadership, and co-production, citizens' cooperation, and community capacity. Nevertheless, most of the studies are related to operational capacity, while there are just a little amount of studies on analytical capacity. A possible explanation for this phenomenon is the unique feature of Asiatic policy workers who are comfortable with political and operational tasks than analytical tasks.

5 | LIMITATIONS

There are three limitations of this study. First, this paper only included studies published in English. Therefore, there are still "hidden" perspectives of policy capacity in the global pandemic from non-English studies. Second, we did not engage the stakeholders at the review initiation process. Based on the EPPI-Centre review method, the involvement of stakeholders (i.e., policymakers and public managers) is essential to undertake research together to generate knowledge and act on that knowledge (Gough et al., 2012, p. 19). Third, we did not attempt to contact the authors of included studies to inquire about any unreported findings or study details.

6 | FUTURE RESEARCH AND IMPLICATION

While this review has addressed the research questions, we were surprised that there are still dilemmas regarding the implementation and implication of certain policy capacities. For instance, technological use versus individual privacy, the paradox of trust and legitimacy, or centralisation versus decentralisation in crisis management. Further studies on the dilemmatic aspect in policy capacity as mentioned above are therefore recommended. Besides, further work should be undertaken to investigate particularly on the role of analytical capacity to combat public health crisis in the Asian governance system as such topic remains underrepresented in the literature.

We have stated at the very beginning that the vulnerability of governance system were revealed by the pandemic. However, as we moved into the end of this paper, we realise that the pandemic also reflected the robustness of some governing practices, particularly in some Asian countries. The notion suggests several courses of action by policymakers and practitioners, not merely for future pandemic, but also for the governance system in general. First, as the strongest highlight of the Asian governance of pandemic was learning from the past, moment of reflection and evaluation of governance institution and practices is a necessity. Such action expectantly could generate

post-pandemic future actionable plans through institutionalisation of advisory groups (such as in Singapore, Taiwan, dan South Korea) and legalisation of public health crisis related (such as in Taiwan). Second, as the practices in the community play a significant role to battle the crisis in many Asian countries, the government should involved in the community capacity development program to build capable communities through a constant health promotion and provision of "social infrastructure" (referring to Klinenberg, 2018). The first approach is deductive (top-down), while the latter is inductive (bottom-up). The balance of both complements each other to fill the gap of each approach. Eventually, the pandemic has dismantled the existing governance system, institution and practice, revealing the policy and governance capacity. However, it also has delineated the social system in a society as a whole. Putting attention to these to aspects is expected to be a preparation for the next "public health war".

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available in Scopus, ProQuest, Emerald Insight, and Sage Journal.

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