



# COVID-19 RESPONSE IN INDONESIA

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# COVID-19 SITUATION AS OF 7 MAY 2020

## GLOBAL STATISTICS

**3.595.662**

Confirmed cases

**247.652**

Death cases

**6.9%**

Case Fatality Rate

**215**

Infected Countries

**185**

Countries with local transmission

## NATIONAL STATISTICS

**12.438**

Confirmed Cases

**2.317**

Recovered cases

**18.6%**

Recovery rates

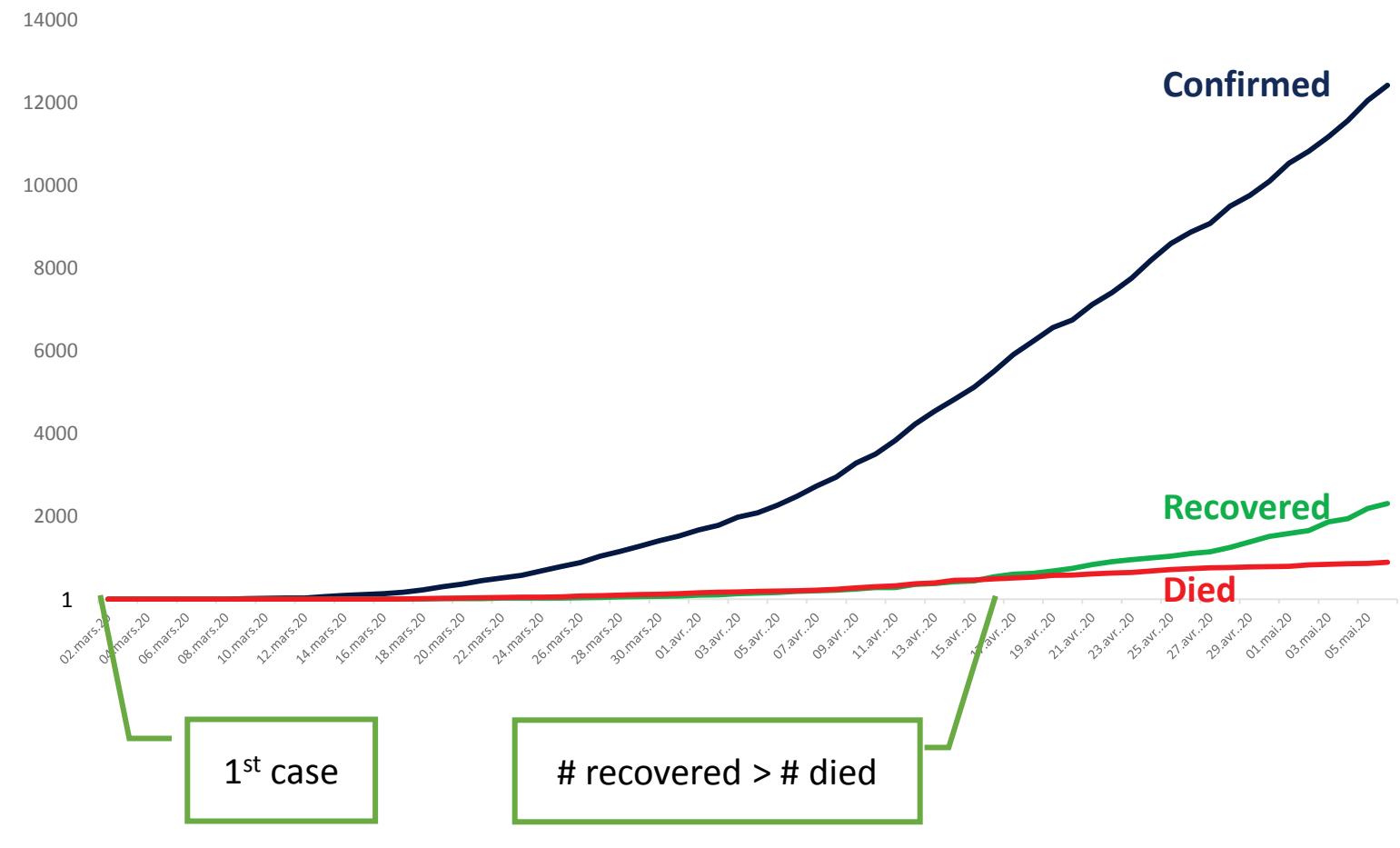
**895**

Death cases

**7.2%**

Case Fatality Rate

## DEVELOPMENT OF COVID-19 CASES IN INDONESIA



1<sup>st</sup> case

# recovered > # died

# EPIDEMIOLOGICAL MODELLING OF COVID-19 IN INDONESIA

## General intervention No intervention

- Case detection (routine)
- Contact tracing
- Self-isolation

## Mild intensity intervention Mild intensity

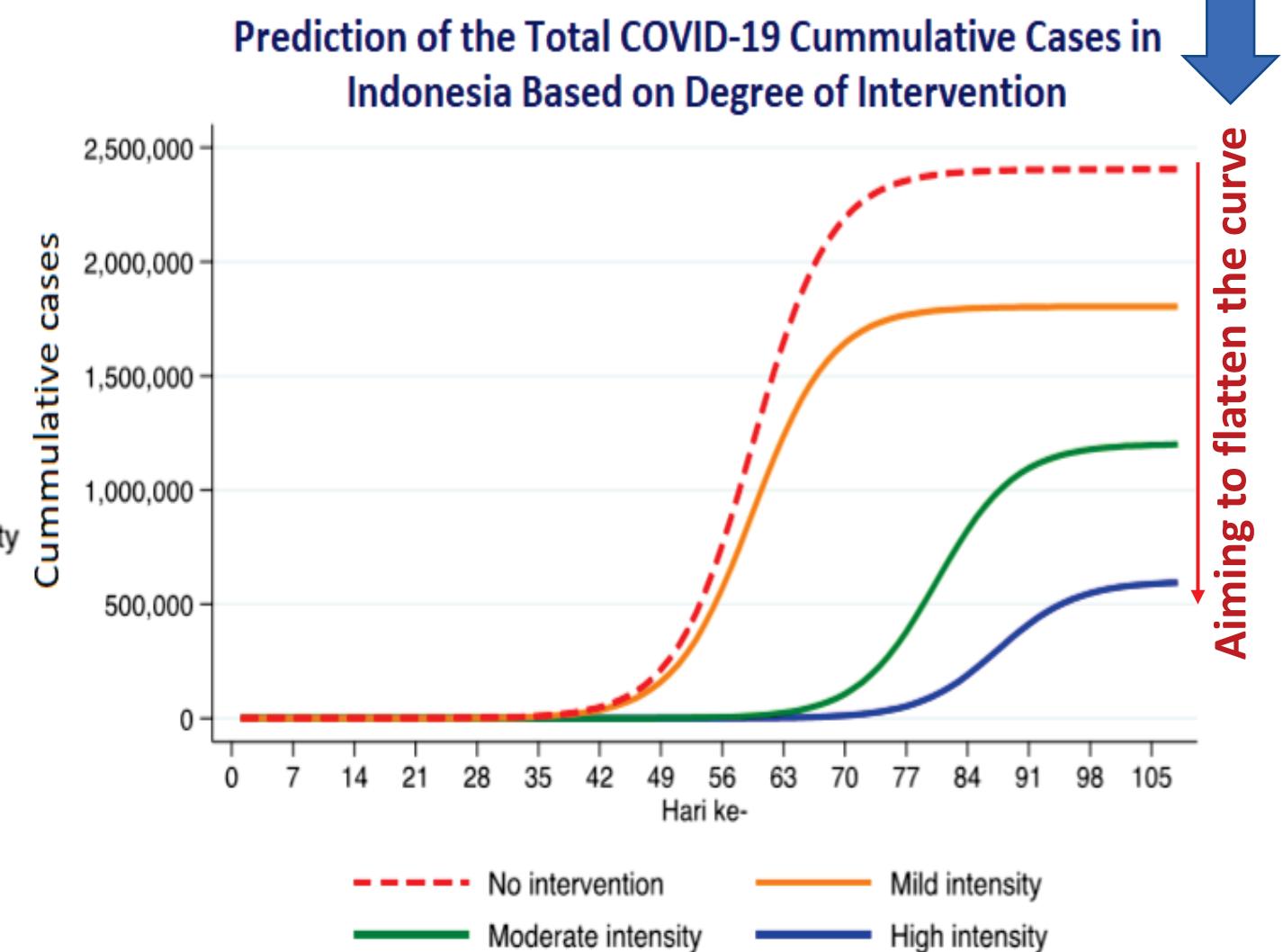
- Voluntary physical safe-distancing
- Limitation of mass gathering

## Moderate intensity intervention Moderate intensity

- Low coverage mass testing
- Mandatory physical safe-distancing

## High intensity intervention High intensity

- High coverage mass testing
- Mandatory physical safe-distancing





# PRINCIPLES OF APPROACH



With a close and strong synergy from the central to the local government, we can safely overcome this pandemic storm.

*President Joko Widodo*

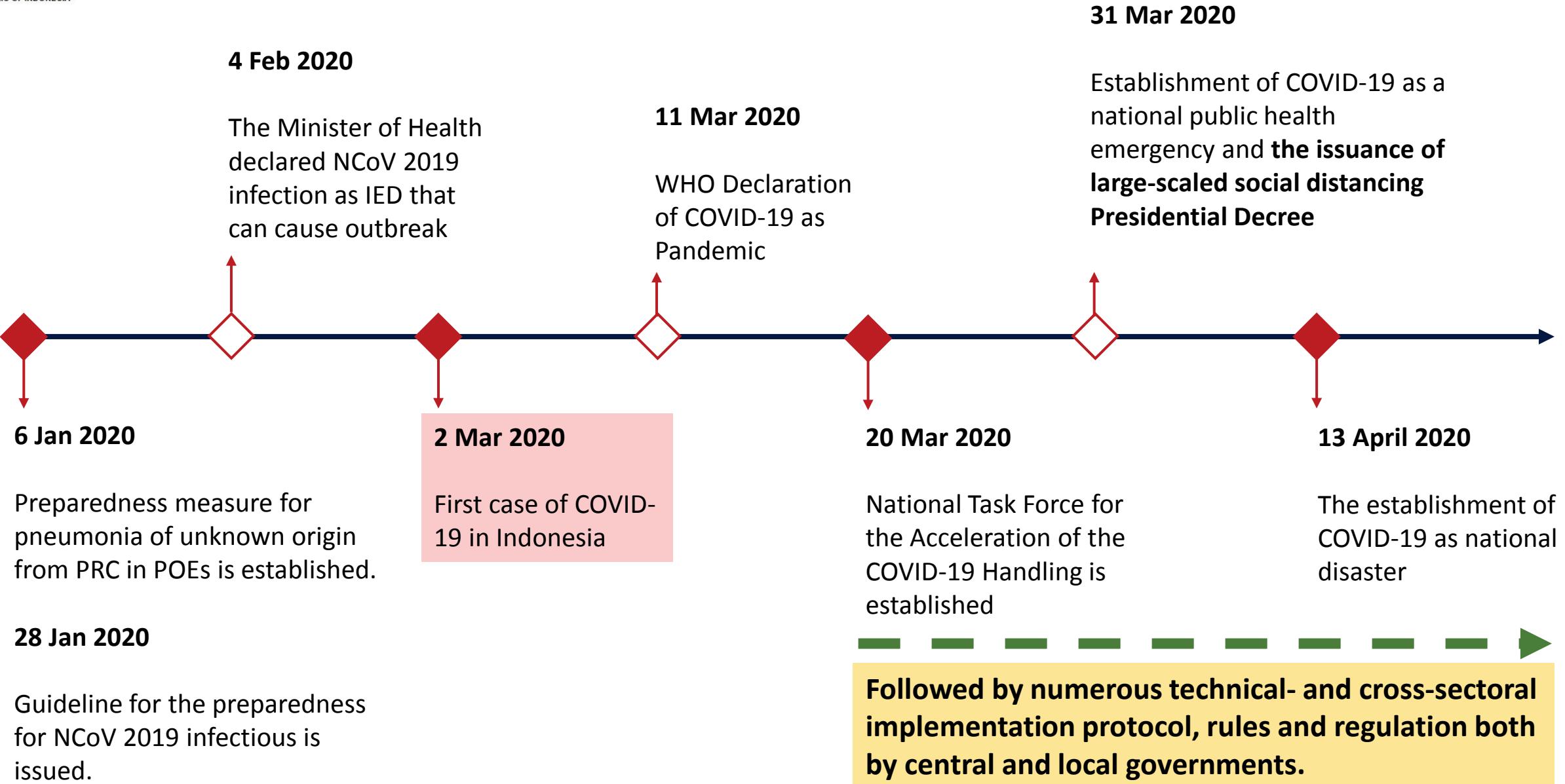
**Public health: control the spread and treat the patients**

**A social safety net for the people**

**Support the business sectors**



# PUBLIC HEALTH POLICIES MEASURES



# PUBLIC HEALTH MEASURES (1)

## COORDINATION, SURVEILLANCE, DETECTION, HEALTH SERVICES, AND LOGISTICS

1. Activate Commando Information Centre at Presidential Office
2. Establishment of national and regional task force for COVID-19 handling
3. Develop Guidelines on COVID-19 infection preparedness
4. Strengthen Point of Entries through, among other, activating thermal scanner, thermal gun and health alert card
5. Strengthen ILI and Pneumonia surveillance in health facilities and community
6. Case investigation and contact tracing
7. Activate Rapid Response Team in every level (national, provincial and district)
8. Established 1 National COVID-19 Referral Lab (NIHRD-MOH) and 48 COVID-19 laboratories network across Indonesia and adding more labs involving other institutions
9. Strengthen capacity/training of the COVID-19 laboratories network
9. Prepare 755 COVID-19 Referral Hospitals with 166.832 beds
10. Emergency temporary hospitals to treat COVID-19 patients (Wisma Atlet Hospital with approximately 3.000 beds and Galang Island Hospital with approximately 1.000 beds)
11. Deployment of additional human resources for health
12. Refresh training for health worker on infection control, specimens management, and case investigation
13. Logistic distribution for COVID-19 response (i.e. PPE, mask, HAC)

### LAB TEST PROGRESS

(As of 7 May 2020)

#### Active Labs to do PCR Test

45 out of 49

#### Total samples tested

119.754 specimen

#### Capacity per day

Approx. 10.000 specimen

### BED CAPACITIES

#### 755 Referral Hospitals

166.832 beds

(7% for isolation)

#### 2 Emergency Hospitals

4000 beds



MINISTER OF HEALTH  
REPUBLIC OF INDONESIA



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"Untuk menghadapi kondisi pandemi ini, kita harus bersatu padu, bergotong-royong bersama-sama saling mendukung dalam melewati masa-masa yang sulit. Peran serta masyarakat dalam membantu secara gotong-royong sangatlah diharapkan sebagai bentuk kepedulian terhadap sesama"



- Menkes Terawan -



Kementerian Kesehatan RI



@kemenkes\_ri

# PUBLIC HEALTH MEASURE (2)

## INFORMATION AND COMMUNICATION

- **Hotline Services**
- **Protocols** development and socialization (Health Protocol, Communication Protocol, Cross-border Monitoring Protocol, Academic Institution Area Protocol, Public and Transportation Area Protocol)
- **Briefings** for diplomatic missions and int. organizations representative
- Daily media **briefing**
- MOH cybertroops activation
- **Cross-ministries collaboration** (PeduliLindungi.id)
- **Public-Private Partnership** (Gojek, Grab, Halodoc, etc)
- Information dissemination through **social media** platform (Youtube, Instagram, Twitter, Facebook, etc)
- Use of **digital technology/application** (SehatPedia, etc)
- Collaboration with **faith-based organization** (MUI, Etc).





# SOCIO ECONOMIC MEASURES

## PUBLIC HEALTH

75 TRILLION IDR

- Medical supplies
- Protection for the vanguards (health professionals)
- Upgrading hospitals

70 TRILLION IDR

## SOCIAL SAFETY

- Extra 25% monthly conditional cash transfer program for 10 mill recipients
- 20 mills beneficiary households for basic logistics
- 5.6 mills recipients of pre-enrolment card
- Free of charge and 50% discounts for qualify consumers
- Mortgage interest and advance mortgage subsidy for 175 housings

## TAX & MICRO RELIEFS

110 TRILLION IDR

## POLICY MIX RESPONSES

- Tax incentive for labour income tax for maximum income of 200 mills/annual
- Tax cut for corporate income tax (CIT) up to 22%
- Import tax reliefs
- Accelerated VAD refunds
- Six months postponed loan principal and interest for microfinancing (KUR)

150 TRILLION IDR

## ECONOMIC RECOVERY

- Debt restructuring
- Guaranteeing and financing for businesses and MSME.

# CHALLENGES AND EFFORTS

CHALLENGES	EFFORT
Limited capacity for contact tracing and surveillance	<ul style="list-style-type: none"> <li>Decentralization efforts (collaborating with local governments)</li> <li>Volunteer recruitment</li> </ul>
Limited capacity of MOH labs	<ul style="list-style-type: none"> <li>Collaboration with cross-sector lab.</li> <li>Digital platform utilization</li> </ul>
Limited testing kits to detect (PCR machine, reagent, etc)	<ul style="list-style-type: none"> <li>G-to-G, G-to-P, and G-to-NGovt. Collaboration.</li> </ul>
Gaps in lab capacity	<ul style="list-style-type: none"> <li>Capacity building, incl. partnering with devt. partners.</li> </ul>
Lack of infrastructure (human resources and health care facilities)	<ul style="list-style-type: none"> <li>Additional COVID-19 inpatient facilities (Galang Island Hospital and Wisma Atlet Hospital).</li> <li>Recruitment and mobilization of additional human resources for health, including from Nusantara Sehat program and volunteers.</li> </ul>
Shortage of logistics (PPE, ventilator, etc)	<ul style="list-style-type: none"> <li>Simplification of medicines and medical supplies importation mechanism.</li> <li>G-to-G and B-to-B collaboration and collaboration with non government bodies (UN and Non UN).</li> </ul>
No Vaccines and no approved medicines available	<ul style="list-style-type: none"> <li>Cross-sectoral vaccine development collaboration.</li> <li>Clinical trial collaboration for COVID-19 therapy.</li> <li>Participation in Solidarity Trial.</li> </ul>

## SOLIDARITY TRIAL



**22 HOSPITALS:** Sulianti Saroso Hospital (JKT), Adam Malik Hospital (SUMUT), Hasan Sadikin Hospital (JABAR), Soetomo Hospital (JATIM), Udayana Hospital (BALI), Kariadi Hospital (JATENG), Ambarawa Hospital (JATENG), Sardjito Hospital (DIY), Cipto Mangunkusumo Hospital (JKT), Moewardi Hospital (JATENG), Persahabatan Hospital (JKT), Kandou Hospital (SULUT), Wahidin Sudirohusodo (SULSEL), Soerojo Hospital (JATENG), Djamil Hospital (SUMBAR), Airlangga Hospital (JATIM), Arifin Achmad Hospital (RIAU), Achmad Mochtar Hospital (SUMBAR), Syaiful Anwar Hospital (JATIM), YARSI Hospital (JKT), E. Antarksa Hospital (JKT), and Sanglah Hospital (BALI).



# Thank You

Sehat!  
dimulai  
dari saya

Salam  
Sehat



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