

## **COVID-19 situation in Indonesia: Efforts and challenges**

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### **Abstract**

More than a year has passed since the emergence of Coronavirus Disease 2019 (COVID-19) pandemic. However, Indonesia still tussles to flatten the curve. To curb the infection rate, the Government of Indonesia passed public health policies to increase its healthcare system capacity and Indonesians' awareness about COVID-19. However, existing health disparities between its regions, funding and political concern, and misinformation continue to hinder the effectiveness of these policies. This paper aims to provide a critical commentary on the current efforts against the COVID-19 pandemic and the challenges facing it's in responses in Indonesia.

**Key words:** *COVID-19, pandemic, efforts, challenges, Indonesia*

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## **Introduction**

The first case of Coronavirus Disease 2019 (COVID-19) was confirmed on 31 December 2019 in China and has since emerged as a global pandemic. On 2 March 2020, Indonesia reported on its first COVID-19 cases. Since then, the number of cases started to increase. As of 26 May 2021, the cumulative number of COVID-19 confirmed cases in Indonesia has reached 1,791,221, with 49,771 deaths and approximately 5500 daily cases, making it among the last countries worldwide to flatten the curve. Ten provinces with the highest number of cases are Jakarta, West Kalimantan, West Papua, North Kalimantan, West Sumatera, Bali, North Sulawesi, South Sulawesi, Papua, and Central Kalimantan. In recent weeks, Indonesia is seeing an alarming spike in the number of COVID-19 cases (>50%) [1]. This article aims to provide a critical commentary on Indonesia's current efforts against the COVID-19 pandemic and the challenges that may hinder its progress in controlling the pandemic.

## **Public health measures: Social restrictions and awareness programs**

The Government of Indonesia (GoI) has been working with many of its regional governments to conduct 'large-scale social restrictions' (*Pembatasan Sosial Berskala Besar/PSBB*). PSBB is different from regional lockdown since the policy allows travel but with some limitations. While schools and offices are closed, public transportations, and services such as restaurants are allowed to operate, however, with a capacity reduced to 50% with an obligation to observe health protocols, such as social distancing and mask wearing. This protocol difference was created in a move to protect small and medium enterprises from collapse [2].

In Jakarta, a highly affected region by COVID-19, the first twoweek PSBB was announced in April 2020, and extended three times

before ‘transitional PSBB’ was implemented in June 2020. Similar policies were also passed in some other regions. ‘Transitional PSBB’ acts as a preparation for the ‘new normal’ policy, helping offices and public services capacity return to normal while still implementing health protocols. The rationalization of this action was because the spread of the virus has decreased by more than 50%, and the economy is entering recession [2]. Since January 2021, a modified version of PSBB called PPKM (*pemberlakuan pembatasan kegiatan masyarakat*; enforcement of community activities restrictions) has been enforced. Based on regional needs, Indonesian regional governments can directly enforce PPKM without requiring permission from the GoI [3].

The World Bank reported that Indonesia’s economy shrank by 3.5% in 2020 due to the COVID-19 pandemic [4]. A survey conducted in October 2020 showed that 55% of respondents preferred lifting PSBB policy to resume economic activities [5]. While the testing, tracing, isolation, and treatment capacity are still limited, lifting the restrictions makes it hard to control the spread of the virus, thus, making PSBB/PPKM an on-and-off policy implemented based on the number of cases detected. This renders confusion among citizens and hence, not much effective [1].

The implementation of PSBB/PPKM is also hampered by the widespread misinformation regarding the pandemic, which limits adherence to this policy. Currently, the most widespread rumors among Indonesians are that the pandemic is a product of propaganda, hoaxes, conspiracies, and/or an intentional attempt to spread fear through the media for their profit [6]. The continuing social restrictions have also led to pandemic fatigue, which further lessens Indonesians’ adherence to the safety protocols.

To address these issues, in August 2020, a presidential decree was passed, aiming to regulate and monitor health protocols, employing jail time punishment for the citizens who do not follow these protocols. In addition, several programs for raising awareness of the general public were conducted in cooperation with religious leaders, celebrities, and mass media. However, an official report by Indonesia in December 2020 shows that only 20,6% and 16,9% of citizens in 512 districts adhere to mask wearing and social distancing, respectively [7]. This shows that the monitoring and penal sanctions system should be strengthened to increase health protocol adherence among the citizens.

### **Healthcare facilities and workers**

A major challenge to COVID-19 management in Indonesia is limited healthcare capacity. There are only 0.52 general practitioners and 0.13 specialist doctors per 1,000 population, less than the minimum standard of 1 physician per 1,000 population [8]. The real number of COVID-19 cases in Indonesia is expected to be higher due to its limited testing capacity; as of 5 February 2021, only 792 laboratories in the country have functional RT-PCR (reverse-transcriptase polymerase chain reaction) kits for a population of 267.7 million [9]. Indonesia's testing positivity rate, fluctuating between 10-30%, is higher than the World Health Organization (WHO) standard (<5%) [1].

The health disparity among Indonesian regions has exacerbated the dire situation. Approximately 62.7% of healthcare workers are concentrated in Java Island. Eight out of the country's 34 provinces have less than one hospital bed per 1,000 population, six of which are outside Java Island [8]. While Indonesia is the world's largest archipelagic country with over 17,000 islands, about 61,7% of its COVID-19 diagnostic laboratories are concentrated in Java island [9]. This disparity is concerning since five of Indonesia's ten provinces most impacted by COVID-19 are outside the island [1].

The GoI has been working to address these challenges. The number of laboratories with RT-PCR kits in February 2021 has increased by more than three-fold compared to June 2020 [9]. To increase the number of available healthcare workers, the Indonesian Ministry of Health (MoH) has deployed about 13.000 resident doctors who have worked as frontline workers in their teaching hospitals since before the arrival of the pandemic in the country. Many of these teaching hospitals are now designated as COVID-19 referral hospitals. Additional 19.500 newly graduated doctors/interns as frontline workers across the archipelago are also deployed. As a compensation, these doctors are offered incentives and tuition cuts [10].

It should be noted that while the country is in dire need of healthcare workers, 900 healthcare workers have died due to COVID19 as of April 2021 [11]. Personal Protective Equipment (PPE) shortage and slow distribution, especially in the first months of the pandemic, cause inadequate protection for healthcare workers. Even in hospitals with adequate PPE supply, the quality is not up to standard. Long working hours, psychological distress, and fatigue due to the pandemic have also taken a toll on medical workers [12].

It is therefore recommended that the Indonesian MoH reduces health disparity by prioritizing to build health facilities and laboratories and offering higher incentives for healthcare workers working in provinces outside Java island. Evaluation of the healthcare worker's deployment and incentivization system and PPE distribution process is also needed to ensure morale of the healthcare workers and to improve the quality of medical care amidst the pandemic.

### **Financial and political concern**

To help alleviate the extra health budget needed to manage the pandemic, the Indonesian Ministry of Finance passed a policy allowing up to 3% state budget deficit. The GoI has planned to allocate Rp169.7

trillion (6,2%) of the state budget to the health sector in 2021. The budget will be prioritized for the country's COVID-19 task force, especially for the procurement and distribution of COVID-19 vaccines [13]. In addition, due to the high cost of the health programs, the GoI urged to redirect the regional budgeting to support the pandemic preparedness programs. Indonesia has implemented a decentralization policy, which makes the regional governments (provinces, cities, and regencies) the main executors of its programs, since 2001. Thus, questions remain on whether the regions are ready to follow the directive and execute the programs considering the fact that each region has different economic capabilities.

### **Vaccination program**

The COVID-19 vaccination program is the most important agenda in 2021 for Indonesia. COVID-19 vaccines will be given for free to all citizens with priority in Java and Bali islands for the first round due to their high prevalence of cases. The government targets to vaccinate 181.5 million people or at least 70% of the population to achieve herd immunity [14]. The vaccination programs started in mid-January and are expected to end by March 2022. Vaccine procurement is a progress of the country's efforts to deal with the pandemic, but it is clearly not the cure-all solution, especially in a country with a large population. Recent projection shows that with the current vaccination rate, Indonesia needs >10 years to vaccinate 70% of its population. This requires the GoI to continue its implementation of the precautionary measures until the time the goal of herd immunity is achieved to avoid further steep of the curve.

## Conclusion

Although more than one year has passed since the arrival of COVID-19 in Indonesia, the country is still struggling to flatten its curve. While an effective vaccination program is an opportunity to curb the infection, it is crucial for the GoI to address several major challenges by: strengthening citizens' adherence towards health protocols, reducing health system disparity and overcoming the side effect of decentralization in its provinces, ensuring healthcare workers wellbeing, and allocating adequate funding for the pandemic management programs.

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