

COVID-19 Response Strategies for Indonesia

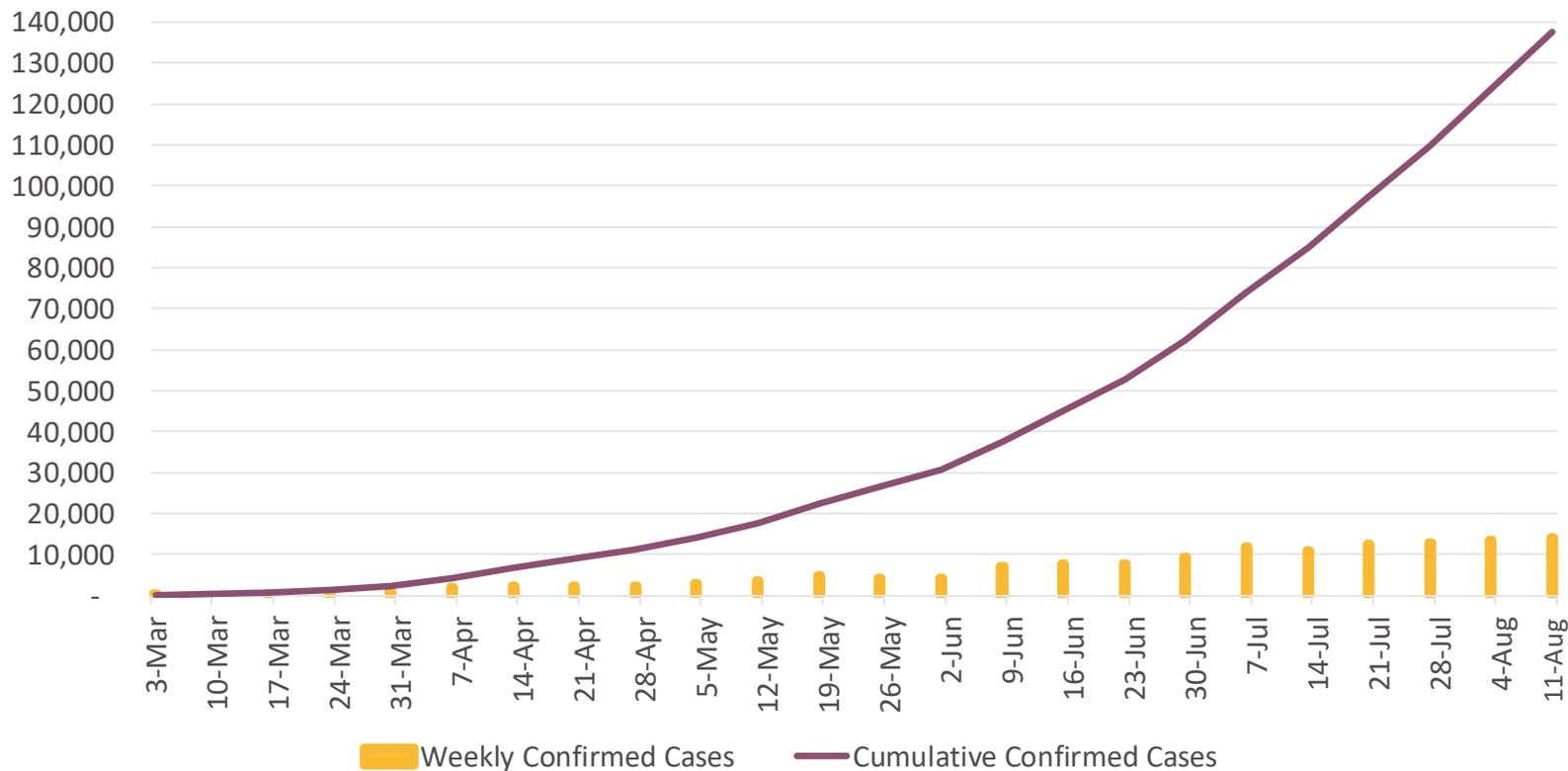


STRATEGIC PURCHASING FOR PRIMARY HEALTH CARE (SP4PHC)

AUGUST 2020

CRITICAL COVID-19 INDICATORS AS OF 20 AUGUST 2020

COVID-19 Weekly and Cumulative Confirmed Cases (March 3 - August 10, 2020)



Confirmed Cases: 147,211

Recoveries: 100,674

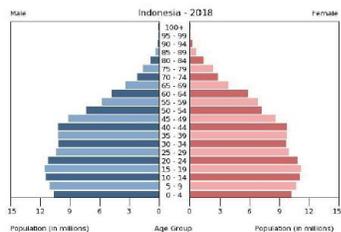
Confirmed Deaths: 6,418

Cases Tested: 1,969,941

Source: MOH 2020

Source: WHO 2020

HEALTH SYSTEM CONTEXT



- Indonesia has a total population of 267.7 million people.
 - 67.6% between the ages of 15-64
 - 45% live in urban settings
 - 5.7% live below the poverty line of USD 1.90 per day
- Prior to the pandemic, the country’s national health insurance scheme (JKN) had a **deficit of Rp. 15.5 trillion.**
- There are **4.3 medical doctors per 10,000 people**, while there are 24.1 nursing and midwifery personnel per 10,000 people.
- There are around **1.2 hospital beds per 1,000 people**. The number of critical care beds is smaller at 2.7 per 100,000 people.
- At the end of July, there were 269 laboratories that could perform polymerase chain reaction (PCR) tests
 - All 34 provinces have labs that can run PCR tests, but there is still **unequal distribution of testing capacity** with 50% of the labs located on the island of Java



THE GOVERNMENT'S INITIAL RESPONSE

South Tangerang's PSBB Guidelines and Timeline

PSBB
KOTA TANGERANG SELATAN

Apa sih PSBB itu?
PSBB (Pembatasan Sosial Bersekala Besar) adalah upaya untuk membatasi beberapa kegiatan sosial untuk memutuskan rantai penyebaran Virus COVID-19

MULAI BERLAKU 18 APRIL 2020

KOMISI PEMILIHAN UMUM
Kota Tangerang Selatan

Aturan & Pembatasan

- Keluar rumah wajib menggunakan masker dalam kondisi apapun berkendara maupun jalan kaki
- Bekerja dirumah bila memungkinkan
- Penutupan Area Publik
 - Fasilitas Umum
 - Tempat Hiburan
 - Rumah Ibadah
 - Balai Pertemuan
 - Gedung Olahraga
 - dan area-area yang sering dikunjungi masyarakat
- Kegiatan sosial budaya dibatasi
- Kegiatan diluar ruangan hanya boleh dilakukan max. 5 orang

Sektor Yang Tetap Beroperasi

Sektor Pemerintahan

- Pusat Pemerintahan
- Kecamatan, Kelurahan Dsb
- Faktor Keamanan Polisi Dll

Sektor Usaha

- Kesehatan
- Kebutuhan Pokok
- Kebutuhan Energi, Listrik, Gas, Pom
- Jasa Komunikasi dan Media
- Perbankan / Keuangan
- Kegiatan Logistik dan Dstribusi Barang
- Warung Kecil Toko Kelontong
- Industri Strategis

Aturan Berkendara

- Kendaraan roda dua tidak boleh mengangkut penumpang (wajib bermasker)
- Kendaraan roda 4 berkapasitas 4 orang maksimal berisi 3 orang dan kendaraan berkapasitas 6-7 max. berisi 4 orang

kpu_kotatangsel
 <https://kota-tangerangselatan.kpu.go.id/>
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- Indonesia has opted for a “large-scale social distancing (PSBB)” approach instead of imposing strict lockdown or quarantine measures.
- The guidelines and duration of PSBB vary across regions.
- In Jakarta, PSBB guidelines include limiting gatherings to a maximum of five people, reducing public transportation services, and mandating a work-from-home policy.
- Jakarta’s PSBB started on April 10 and was extended until August 27.
- The infographic on the left shows how local governments are implementing PSBB and communicating guidelines to citizens.

Source: Bloomberg 2020; Jakarta Post 2020

Source: General Elections Commission for South Tangerang 2020

THE GOVERNMENT'S INITIAL RESPONSE (CONTINUED)

On April 3, 2020, President Jokowi announced revisions to the 2020 state budget, which reflects a Rp. 405.1 trillion increase in spending to respond to the pandemic.

Breakdown of Indonesia's Revised 2020 Budget		
Category	Budget	Allocation
Healthcare sector	Rp 75 trillion	<ul style="list-style-type: none"> * The purchase of medical equipment such as test kits and ventilators will be prioritized. * Funds will also be used to provide incentives for medical workers including doctors and nurses.
Social protection	Rp 110 trillion	<ul style="list-style-type: none"> * The budget will prioritize the 10 million families in the family hope program as well as the 15.2 million families in the staple food program. * The budget for the preemployment card program will be raised to Rp 20 trillion from the initial Rp 10 trillion, which will be sufficient to cover 5.6 million laid-off workers, informal workers and micro and small business owners. * Social protection funds will also include free electricity for 24 million customers using 450 KVa and 7 million customers using 900 KVa.
Tax incentives and credit for businesses	Rp 70.1 trillion	<ul style="list-style-type: none"> * Workers in the manufacturing sector with incomes below Rp 200 million per year will be exempt from income taxes for six months. * Import tax payments will be deferred for six months in 19 manufacturing sectors. * Overpaid taxes will be repaid without an initial audit. * The corporate income tax will be reduced from 25 percent to 22 percent. * Debt payments will be delayed by six months for micro loan credit for businesses affected by COVID-19.
Economic recovery program	Rp 150 trillion	<ul style="list-style-type: none"> * Credit restructuring and financing for small and medium businesses, among other businesses.

THINKWELL AND SP4PHC'S COVID-19 SUPPORT STRATEGY IN INDONESIA

ThinkWell is providing support

- in response to requests from the Office of the Vice President and other key partners (e.g. USAID Health Financing Activity – HFA),
- based on our core technical capacities, and
- in line with our ongoing work to improve the strategic purchase of primary health care services.

This includes

- **Analytics:** Support costing analyses for expansion of COVID-19 services (partnering with USAID HFA)
- **Policy Support:** Rapidly assess how routine family planning (FP) and maternal, newborn, and child health (MNCH) services have been impacted by the COVID-19 response and how the government can mitigate negative consequences
- **Learning:** Document how health financing systems have been impacted by the pandemic response

ACTIVITY 1: DEVELOP POLICIES TO MITIGATE IMPACT OF COVID-19 ON ROUTINE FP AND MNCH SERVICES

- **Expected Outputs:** Qualitative analysis resulting in set of recommended actions and immediate policy support for various government officials
- **Why it is Needed:**
 - Direct request from the Ministry of Health's (MOH) Department of Family Health
 - The entire health system is reorienting towards responding to COVID-19
 - People in need of these routine services are reluctant to visit health care facilities
 - Risk that essential FP and MNCH services will not be provided as needed
 - Officials need to know how the COVID-19 response is impacting essential FP and MNCH services in order to mitigate negative consequences as quickly as possible
- **Collaborator(s):** Office of the Vice President, MOH's Department of Family Health
- **Timeline:** 4 months, May – August 2020
- **Progress:** Focus group discussions with the MOH, District Health Offices, and frontline providers in 3 provinces have been completed. The team is compiling key findings into a report for the Office of the Vice President and other government stakeholders, which will inform the government's ongoing COVID-19 response and current debates on whether to keep FP and MNCH services in the JKN benefits package.

ACTIVITY 2: COSTING OF COVID-19 TREATMENT SERVICES FROM THE PRIMARY HEALTH CARE LEVEL TO THE HOSPITAL LEVEL

- **Expected Outputs:** Technical support to inform USAID HFA's study
- **Why it is Needed:**
 - Government officials need to understand the costs of providing COVID-19 treatment for its citizens to better respond to the crisis
 - In collaboration with the MOH's Center for Health Financing and Insurance (PPJK), USAID HFA is conducting a costing study that focuses on providing treatment for moderate and severe cases of COVID-19
 - Additional expertise from SP4PHC and our local partners is needed to ensure the analysis is robust
- **Collaborator(s):** Office of the Vice President, MOH PPJK, USAID HFA
- **Timeline:** 7 months, June – December 2020
- **Progress:** SP4PHC's Country Director in Indonesia continues to support USAID HFA by advising the project on how to improve methods for collecting data and training enumerators

ACTIVITY 3: DOCUMENTING LESSONS FROM THE COVID-19 RESPONSE

- **Expected Outputs:** Blogs submitted to various global health outlets, various resources uploaded to our website, and abstract submissions to future international conferences
- **Why it is Needed:**
 - As the COVID-19 pandemic continues to shape the health sector in Indonesia, various lessons have emerged that need to be documented and analyzed to strengthen the country's response to future epidemics
 - Additionally, our team is in a unique position to compare analyses across our 5 project countries. This will enrich the global literature surrounding health systems and health financing by giving specific, in-country experiences to broad observations
- **Collaborator(s):** SP4PHC teams across all 5 countries and the U.S.-based staff
- **Timeline:** Throughout 2020
- **Progress:** The team drafted a blog on how the pandemic response impacted essential services. We also drafted a blog on the health financing response to COVID-19 from the MOH and the Social Insurance Administering Body for Health (BPJS-K). The team will submit these pieces to global health media platforms and add to SP4PHC's growing list of published COVID-related blogs (<https://thinkwell.global/projects/sp4phc/how-sp4phc-is-helping-governments-respond-to-covid-19/>)

ACTIVITY 4: ASSESSING MEDICAL SUPPLIES FOR DISTRIBUTION

- **Expected Outputs:** Analytics and participation in discussions between government officials and private medical suppliers
- **Why it is Needed:**
 - Direct request from the Office of the Vice President
 - In formulating a response to the pandemic, government officials need to assess hospitals' medical supplies in high-risk areas
 - The government needs help liaising with private medical suppliers to ensure supplies are being distributed to these areas
- **Collaborator(s):** Office of the Vice President
- **Timeline:** Completed as of April 2020
- **Progress:** SP4PHC's Country Director in Indonesia supported the government during the first few weeks of the pandemic when many hospitals around Jakarta lacked personal protective equipment.

Recommended Citation: Strategic Purchasing for Primary Health Care. 2020. “COVID-19 Response Strategies for Indonesia.” Washington, DC: ThinkWell.

Strategic Purchasing for Primary Health Care (SP4PHC) is a project that ThinkWell is implementing in partnership with government agencies and local research institutions in five countries, with support from a grant from the Bill & Melinda Gates Foundation. For more information, please visit our website at <https://thinkwell.global/projects/sp4phc/>. For questions, please write to us at sp4phc@thinkwell.global.



Terima Kasih!

