

Field Assessment of Pandemic Preparedness & Response Capacity in Indonesia

SUMMARY REPORT
JUNE TO SEPTEMBER 2020

Field Assessment of Pandemic Preparedness & Response Capacity in Indonesia: Summary Report

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Suggested citation. Field Assessment of Pandemic Preparedness & Response Capacity in Indonesia: Summary Report, June to September, 2020. Jakarta: World Health Organization; 2021.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Executive Summary

In early 2020 COVID-19 rapidly developed into a global health emergency, with the World Health Organization (WHO) declaring it a Public Health Emergency of International Concern (PHEIC) on 30 January 2020, and a pandemic on 11 March. The Government of Indonesia, with support from the World Health Organization and partners, has been responding to the threat of COVID-19, since its emergence was first recognized, to when the first cases were identified in Indonesia in March 2020, through to the present. As of the 31 December 2020, Indonesia has recorded 735,124 cases of COVID-19 as well as 21,944 deaths. Case numbers are continuing to grow, with around 50,000 new cases recorded per week at the end of 2020.

This report summarises the findings of a field assessment of pandemic preparedness and response capacity in Indonesia. The assessment was carried out between June and September 2020, by the Ministry of Health with the support of the WHO and Hasanuddin University.

The assessment utilised standardised tools to assess capacity in: Provincial Command Centres; Port Health Authorities; Provincial Health Offices; Hospitals; Laboratories; District Health Offices; Puskesmas (Public Health Centres); and within the community. Fifteen provinces were purposively sampled based on pandemic risk status and representation of the regions of Indonesia.

Key findings from the assessment included:

- All provinces have had functioning command and control structure for pandemic management, however there is a need to ensure all provinces have established Emergency Operation Centres (EOC).
- Many locations have developed contingency plans for pandemic response, however there is a need to strengthen contingency planning for managing in border areas related to cross-border movements.
- There is a need to improve case reporting and strengthen capacity for epidemiological analysis and risk assessment of pandemic severity.
- Budget allocation for purchase and stockpiling of personal protective equipment and activities at points of entry could be improved.
- Critical care capacity was limited in some facilities and likely to be stretched by any increase in COVID-19 case numbers.
- There is a need for health system strengthening activities to be conducted in health facilities at district level to improve care of patients with COVID-19.
- Accumulations of patient specimens and sub-optimal levels of testing were noted in referral laboratories – contributing to delayed turnaround time of test results. There

is a need to address this through developing a laboratory referral system to optimise testing capacity across the laboratory network.

- Risk communication activities could be further enhanced through greater engagement with media and community organisations, and improved infodemic monitoring and response.
- Discrepancies were noted between health authority and community perceptions of compliance with public health measures and protocols.

The period since the field assessment was initiated has seen a growing number of COVID-19 cases. It is thus clear that further work is needed to reduce transmission of COVID-19 in Indonesia. The field assessment of pandemic preparedness and response capacity identified gaps and areas for improvement. This report highlights the key areas for improvement across the different levels and areas of the pandemic response.

Background

In early 2020 COVID-19 rapidly developed into a global health emergency, with the World Health Organization (WHO) declaring it a Public Health Emergency of International Concern (PHEIC) on 30 January 2020, and a pandemic on 11 March. The Government of Indonesia, with support from the World Health Organization and partners, has been responding to the threat of COVID-19, since its emergence was first recognized, to when the first cases were identified in Indonesia in March 2020, through to the present. As of the 31 December 2020, Indonesia has recorded 735,124 cases of COVID-19 as well as 21,944 deaths. Case numbers are continuing to grow, with around 50,000 new cases recorded per week at the end of 2020.

Indonesia is a large country with a high level of diversity across its districts, provinces and regions, in terms of population, geography, socioeconomic development, and health system capacity. These factors greatly influence both the epidemiological situation in relation to COVID-19, as well as preparedness and capacity to respond to the pandemic.

There is a need to develop a greater and more granular understanding of both the epidemiological context and pandemic preparedness and response capacities across Indonesia, particularly at sub-national levels. This knowledge will help to inform public policy and resource allocation by the Government of Indonesia and response partners.

Objectives

The overarching objective was to conduct a comprehensive assessment of the pandemic response in Indonesia, in order to identify gaps and challenges and develop recommendations to address these.

Within the overarching objective, were several specific objectives:

- a. To conduct a pandemic preparedness assessment
- b. To assess the provincial COVID-19 Operational Plan implementation
- c. To conduct an epidemiological analysis of the COVID-19 situation in the districts and cities assessed
- d. To assess the readiness of the health system to handle an influx of COVID-19 patients
- e. To assess the performance of the surveillance systems for case finding, contact tracing, providing information for public health risk assessment systems, and capacity of COVID-19 rapid response teams
- f. To conduct an analysis of gaps and intervention plans for the preparation, review and or strengthening of COVID-19 operational plans.

Methods

The assessment utilised standardised tools to assess capacity for pandemic preparedness and response. The data collection tools were field tested prior to finalisation and converted into electronic format for online data collection in the field. The tools are available for review here: <http://bit.ly/field-assessment-tools>.

A total of 90 enumerators (6 per province) were recruited from the National Disaster Management Authority's COVID-19 national volunteer register and provided relevant training before being deployed to the various sites for field assessment.

Field Assessment was conducted at provincial and district level in Indonesia. The provinces were selected based on provincial risk assessment, health system capacity and representation of regions at Indonesia such as Sumatra, Kalimantan, Java, Bali – Nusa Tenggara and Maluku – Papua. Assessment was also conducted at capital and comparative districts in the province and selected based on representation of COVID-19 pandemic risk. There were 15 provinces selected (figure 1) for field assessment and two districts were selected from each province.

Figure 1: Field assessment locations in Indonesia



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