

# Intra-action Review of Indonesia's Response to COVID-19

SUMMARY REPORT FOR PARTNERS  
JANUARY 2021

## Intra-action Review of Indonesia's Response to COVID-19: Summary Report

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## Executive Summary

In early 2020 COVID-19 rapidly developed into a global health emergency, with 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.

The protracted nature of the COVID-19 pandemic requires Governments and responding agencies to continually work to strengthen their response. The Intra-Action review is a tool to facilitate this process. The IAR is a country-led facilitated process conducted during the COVID-19 outbreak. The IAR enables us to identify areas within the public health response which require remediation or strengthening to improve the ongoing COVID-19 response in real time.

Indonesia conducted its first IAR from 11 to 14 August 2020. During the review representatives of various units within the Indonesia Ministry of Health and a range of other Government Departments and Units as well as key response partners, the World Health Organization (WHO) and other United Nations agencies met virtually to review and critically reflect on progress in the response to COVID-19. The review was arranged to assess Indonesia's response across the nine pillars of the COVID-19 strategic preparedness and response plan:

1. Coordination, planning, and monitoring;
2. Risk communication and community engagement;
3. Surveillance, rapid response team, and case investigation;
4. Points of entry, international travel and transport, and large-scale social restrictions;
5. National laboratories;
6. Infection prevention and control;
7. Case management;
8. Operational support and logistics; and
9. Maintaining essential health services and systems.

The findings of this IAR will assist the Government of Indonesia and its partners to continue the fight against COVID-19 and strengthen our collective response to this ongoing challenge. The response to COVID-19 in Indonesia requires a coordinated effort with support from all partners and stakeholders. The purpose of this report is to provide a summary of IAR key findings and recommendations in a format which enables partners and response stakeholders to identify opportunities to contribute to strengthening our response.

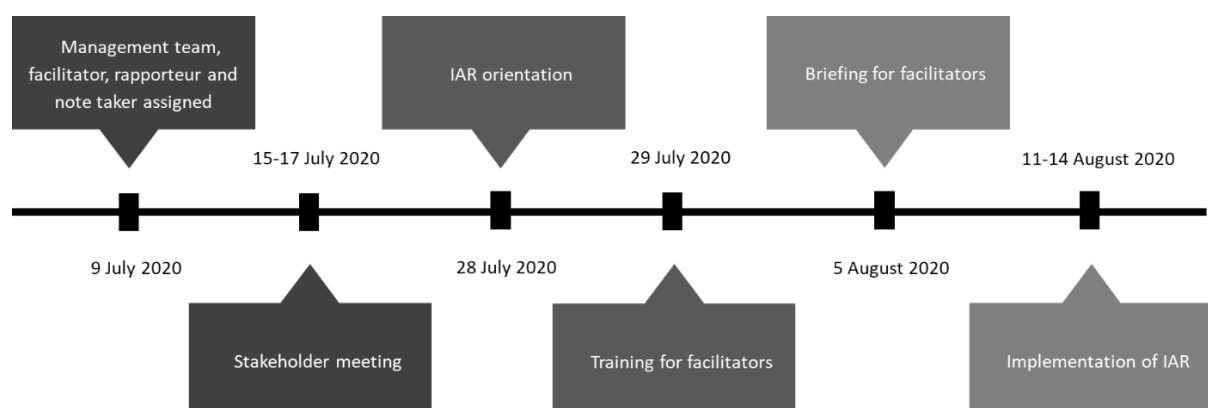
Select priority recommendations from the IAR are provided below. Whilst this document is designed to provide a more high-level overview of the IAR findings and recommendations, a more detailed summary of key gaps and lessons learned under each pillar of the response plan. Full background, methods and in-depth findings are available in the full IAR report.

### Overarching IAR Recommendations

1. Enhance command and coordination among multisectoral stakeholders in the national and subnational levels, review response plan and routine monitoring of response plan indicators, activation of health clusters, and enhance the use of COVID-19 Partners Platform to monitor COVID-19 response.
2. Use the Essential Supply Forecasting Tool (ESFT) to harmonize the logistic reporting system for the purposes of mapping and logistic needs fulfilment.
3. Enhance surveillance for contact detection, tracing and monitoring by activation of rapid response teams, multisector collaboration and community engagement.
4. Increase accuracy and completeness of case reporting on New All Record from healthcare facilities and laboratories to allow for data analysis that will be used for response strategies. Enhance interoperability and information sharing between Public Health Emergency Operation Centre (PHEOC), online hospital information system) and Data and Information Centre (Pusdatin) to cross sectors and partners including the Bersatu Lawan COVID system (BLC) of the COVID-19 Task Force. In line with the Global Influenza Surveillance Response System (GIRS) COVID-19 platform, enhance surveillance of influenza-like illness (ILI)/severe acute respiratory infection (SARI) to monitor COVID-19.
5. Enhance strategies and laboratories testing capacity with COVID-19 laboratory network using PCR, viral load, rapid molecular test and mobile PCR.
6. Strengthen the integrated hospital referral system (SISRUTE) and COVID-19 referral hospitals network in prioritized provinces. Triage and case management is to be conducted based on the severity level of the cases. Continue participation in solidarity trial for COVID-19 medicine.
7. Better triage in healthcare facilities to avoid exposure of patients and healthcare workers to COVID-19, enhance infection prevention and control (IPC) in healthcare facilities through trainings, healthcare workers monitoring, and medical audit for COVID-19 infection in healthcare workers; enhance surveillance of healthcare associated infections (HAI) COVID-19 and insurance scheme of healthcare workers.

8. Appoint health and safety officers in offices to monitor the implementation of COVID-19 protocols in workplaces. Implement and monitor the infection control in the communities and public places.
9. Enhance compliance of using electronic Health Alert Card (HAC) for international travellers and optimize the use of HAC for contact tracing.
10. Enhance risk communications, rumour monitoring, counter hoax, hotline and information, education and communication such as the wear mask campaign. There is a need to reassess the zoning indicators that was conveyed by the COVID-19 Task Force to the media. Zoning status is to be used for planning purposes to avoid misunderstanding by the public in interpreting it. Communications strategies for the general public should be based on main messages on prevention of transmission risk such as physical distancing, mask use, hand washing and reduced mobility regardless the zoning status.

Figure 1: Intra-Action Review Process Timeline



## Intra-Action Review Findings

### Coordination, planning, and monitoring

The President of Indonesia declared COVID-19 a national emergency in February 2020 and in March 2020 formed the COVID-19 task force to support high-level coordination of the national response. The Ministry of Health provides leadership for health system response and has adopted its influenza pandemic contingency plan for the COVID-19 response plan.

### Gaps and challenges

- A siloed approach to response operations was noted, with limited coordination and communication, between sectors at the national level, and between national and sub-national levels of the coordination structures.
- Individuals involved in the response have at times had multiple and competing priorities, including operational responsibilities. This has at times impacted on strategic and planning related tasks.
- There is a need to improve monitoring of COVID-19 response plan indicators. This is in part due to issues in data and information management, including delayed reporting and mismatched data.
- Utilisation of health clusters for COVID-19 response has been sub-optimal. Not all clusters have been activated and regular coordination meetings have not been held.

### Best Practices and Lessons Learned

- Conducting regular coordination meetings across sectors at the national level and between national and provincial levels, with a clear systematic agenda is improving coordination, accountability and monitoring of response plan indicators.
- Use of online collaborative technology such as video conferencing is improving communication for developing regional response plans and other coordination functions.
- The WHO Partner's Platform is assisting in information dissemination to COVID-19 response operations partners.
- IHR Core capacity monitoring, State Party Annual Reporting, National Action Plan for Health Security

## Recommendations for coordination, planning, and monitoring

### *Short Term:*

1. Conduct a review of the command and coordination structure of the health sector response plan and ensure focal point and COVID-19 response team duties and operational and strategic functions are clearly defined
2. Ensure periodic coordination meetings and increased utilization of the COVID-19 Partner's Platform to monitor response plan indicators are held for multiple sectors at the national level and between the national and sub-national levels
3. Activate health clusters at the national and regional levels for COVID-19 response

### *Medium to longer term:*

4. Develop tiered training modules for pandemic readiness, preparedness, and response, based on lessons from the COVID-19 pandemic
5. Conduct a COVID-19 After Action Review
6. Develop a dashboard to facilitate decision-making in pandemic response command and coordination

## Risk communication and community engagement

A range of guidance documents and tools have been developed to support community engagement and risk communication. Key messages have been developed, both for the broader community and targeted messaging for specific high-risk groups. This messaging has been informed by various surveys of the public to assess knowledge and understanding of

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