

ADA APA DENGAN COVID-19 (AADC)

LARGE-SCALE SOCIAL RESTRICTIONS, HOMECOMING AND COVID-19



Large-Scale Social Restrictions, Homecoming and COVID-19

The spread of SARS-CoV2 outside Jakarta began to form a new epicenter which marked the expansion of the battlefield. The government must ban homecoming nationally because Large-Scale Social Restrictions with the scale of Jakarta and its surroundings alone will not be enough to hold the transmission rate. Quarantine the red zone area remains a mandatory option to reduce the spread to other regions.

Homecoming

The massive initial spread of COVID-19 in China is indicated to have occurred in homecoming activities carried out by around five million residents of Wuhan before the Chinese New Year 2020. This mobility has caused cases to triple and new cases in several other provinces in just a matter of days. This was responded quickly by the Chinese Government by setting a lockdown in Wuhan city on January 23, which was followed by a restriction movement a day later in the entire Hubei province¹.

In Indonesia alone, the first infection was found to spread in the Jakarta area and its surroundings which was announced on March 2, 2020. In early March, the number of cases in Jakarta dominated the total cases in Indonesia, ie more than 90% of cases were in Jakarta, with the distribution only to a few provinces only. However, in a matter of weeks, around 50% of the total cases have been found in 33 other provinces.

A survey conducted by the Ministry of Transportation in 2019 showed that 14.9 million people living in Jakarta-Bogor-Depok-Tangerang-Bekasi (Jabodetabek) conducted Lebaran homecoming, where Central Java was the main destination (37.7%), followed by West Java (24.9%), and East Java (11.1%).

Will the homecoming rituals be different in a pandemic situation like today? A survey by the Ministry of Transportation on April 6, 2020 showed that 56 percent of the public were aware of the danger of COVID-19 and stated that they would not visit their hometown; 37 percent of people haven't left for homecoming yet; and 7 percent of residents have gone back to their hometowns.

Homecoming or Exodus during national holidays is a routine activity for people in Indonesia who live in an Urban cities or any satellite areas nearby it, and return to their hometown to celebrate national holidays such as Eid.

Data as of March 30, 2020 says there have been 14,000 travelers from Jakarta to West Java, Central Java, DI Yogyakarta and East Java by land with 876 buses². Correspondingly, the findings of COVID-19 cases as of April 8 also showed a significant increase in

cases outside Jakarta, such as in West Java (10.6%), East Java (9.1%), and Banten (6.6%).

Explosions and emergence of new epidemic clusters

If homecoming continues, it is predicted that an epidemic explosion will occur, especially massive transmission on the island of Java, which has a population of 140 million people. Without drastic and immediate intervention, Hadisoemarto (2020) estimates that in Jakarta alone the epidemic can last for around 200 days and cause 90 percent of the population to be infected, 2.7 million people need treatment, 1 million people need ICU care and more than 300,000 people die³. This prediction shows that the estimated needs are still very far from the availability of existing resources. So far, DKI Jakarta only has 30,980 beds and 1,071 ventilators in the hospital. Then what about the other regions?

¹ Chen, S et al. 2020. COVID-19 control in China during mass population movements at New Year. The Lancet 395 (10226), p764-766

² Danang Sugianto. 14.000 warga Jabodetabek mudik pakai bus saat darurat Corona.

<https://finance.detik.com/berita-ekonomi-bisnis/d-4959093/14000-warga-jabodetabek-mudik-pakai-bus-saat-darurat-corona>. 31/03/2020

³ Hadisoemarto PF. 2020. Results of SARS-COV2 mathematical modeling simulation

The capacity of local governments in terms of fiscal capacity and understanding of how to handle epidemics that vary greatly between regions is a major challenge in holding back the transmission of outbreaks. While health development disparities still occur in various regions in Indonesia, in Java itself there are still many regions with minimal facilities and health workers, both in terms of quantity and quality. Conditions outside the island of Java are certainly more alarming.

As a comparison, the Ministry of Health The Empowerment and Development Body of Human Resources in Health, Minister of Health said that in 2019, there were only 12 provinces had a ratio of doctors to a population that met the WHO ideal criteria, namely 1 doctor per 2,500 population. Even West Java, Central Java and East Java do not have enough doctors. Furthermore, Ministry of Health's 2019 data shows that Central Java only has 1.15 beds per 1,000 population and West Nusa Tenggara only has 0.71 beds per 1,000 population. The availability of ventilators is still far from the estimated requirement. Java Island only has a total of 4,704 ventilators, while outside of Java only has 3,454 units⁴.

The limited number of laboratories, hospitals, health workers, Personal Protective Equipment (PPE) and ventilators in many areas shows the region's unpreparedness to handle a pandemic. Moreover, access to health facilities in many areas is not as good as in big cities. In many areas there are not many locations that can be converted into quarantine / emergency hospitals such as Wisma Atlet. Homecoming activities have the potential to be a disaster in many regions of Indonesia.

Late intervention

It has been more than a month since the announcement of the first case in Indonesia, but government intervention and policy for handling seems to be slow and unsteady. The delay in interventions in Indonesia in just one month has caused a surge from 2 cases to more than 4,000 cases to date⁵. Researchers even predicted there are still many that have not been detected.

Starting from the determination of the disaster, the status of public health emergency, until the issuance of guidelines for Large-Scale Social Restrictions alone takes approximately a month. After being refused for territorial quarantine and for revoking the operation of inter-city bus transportation mode, Jakarta, the epicenter of the outbreak, finally received an official permit from the Ministry of Health to officially apply Large-Scale Social Restrictions as of 7 April 2020.

As of 11 April, the Ministry of Health granted permits to the West Java Provincial Government to apply Large-Scale Social Restrictions officially in 5 cities, namely Bogor City, Bogor Regency, Depok City, Bekasi Regency and Bekasi City. The Ministry also gave permission to Banten Provincial Government to take Large-Scale Social Restrictions into effect in Tangerang City, Tangerang Regency, and South Tangerang City.

Tug-of-war involving central government regarding the imposition of Large-Scale Social Restrictions also raises a big question regarding whether intervention authority should be given to Regional Governments that are ready without waiting for a complicated bureaucracy at the central level. Delay in the effort and assertiveness to control the traffic of people will make the statistics worse.

⁴ Sources of data were obtained from the COVID-19 Task Force for the Acceleration of Handling

⁵ data distribution. www.covid19.go.id. 12/04/2020

Is the Large-Scale Social Restrictions policy sufficient to hold the transmission rate of the pandemic?

The Large-Scale Social Restrictions policy signifies the official limitation of community activities with supervision and enforcement by the authorities.

Minister of Health Regulation No. 9/2020

Large-Scale Social Restrictions include school and workplace restrictions; restrictions on religious activities, activities in public places or facilities, social and cultural activities; restrictions on modes of transportation; restriction on other activities except public services, defense, security and the provision of primary needs. This policy will be applied for 14 days in advance and can be extended as needed.

The precondition that must be submitted by the Provincial Government to the Ministry of Health to be able to apply Large-Scale Social Restrictions is the high number of cases and / or the high number of deaths due to disease infection and spread significantly and rapidly to several areas, including the discovery of local transmission events. The Ministry of Health has

rejected the submission of Large-Scale Social Restrictions from several regions in Eastern Indonesia because there has not been significant number of cases. These preconditions indicate that the Government does not use the 'containment' principle to hold more cases from spreading. New interventions when cases / deaths are significant will be too late and difficult to suppress the spread.

Furthermore, Large-Scale Social Restrictions which are only applied in a few cities alone will not be enough to hold back the transmission rate due to several things.

1. Large-Scale Social Restrictions must go hand in hand with regional quarantine

Large-Scale Social Restrictions are enforced without applying regional quarantine. Restrictions on the modes of transportation covered by the Large-Scale Social Restrictions only limit the activities of people traveling from inside and outside the city. That is, the community can still visit their hometowns resulting in community mobility and epidemics transmission throughout Indonesia will be difficult to contain. Vulnerable and economically underprivileged groups in these conditions will also choose to immediately do homecoming due to loss of work and income. Large-Scale Social Restrictions must go hand in hand with the territorial quarantine, at least in red zones areas.

2. Large-Scale Social Restrictions must apply nationally

The application of the Large-Scale Social Restrictions which only runs in Jakarta will certainly not be effective in suppressing the disease transmission. Furthermore, people are still free to travel to other cities. Although there are many local governments who have implemented policies to determine People Under Monitoring (ODP) status and house isolation for migrants for 14 days in their area, this policy will not run optimally if the Large-Scale Social Restrictions do not apply in all regions. Large-Scale Social Restrictions must be enforced nationally.

3. Large-Scale Social Restrictions must be carried out with test and contact tracing efforts

Other important efforts such as testing and contact tracking are slowly conducted. Until the second week of April 2020, the number of tests carried out by Indonesia was only 0.07 tests for every 1,000 people - the number is far below South Korea who had conducted 9.77 tests for every 1,000 people. The limited power and number of laboratories that meet the criteria are indeed still a big obstacle. Under these conditions, the government cannot rely solely on Large-Scale Social Restrictions.

Short-term response

Countless economists and public health experts are suggesting 'lockdown' or regional quarantine. However, it seems that the Government is not ready with the social and economic consequences that must be borne by the state. It is said in the Health Quarantine Act⁶, the Central Government is obliged to cover the basic needs of all its people in the quarantine situation of the region.

On the other hand, the Government is actually preparing to add the amount of spending and financing for the 2020 National State Budget for handling COVID-19 with the amount of Rp 405.1 trillion, of which Rp 150 trillion is allocated for the national economic recovery program; Rp 110 trillion for social protection programs; Rp 75 trillion for the health program; and Rp 70.1 trillion for tax incentives. Through the social security program, the government has prepared expansion of the government-funded social assistance, Family Hope Program (Program Keluarga Harapan / PKH) recipients, Pre-Employment Cards, and Food Supply Cards. In addition, the government will allocate cash transfer (Bantuan Langsung Tunai / BLT) for 9 million poor families outside Jabodetabek and social assistance for 4.1 million poor families in Jakarta⁷.

Is the allocation sufficient? It is most likely not if we refer to the Statistic Indonesia. Their 2019 data shows that there are 25 million poor families in the country. That does not even include vulnerable groups.

Some other efforts that have been made by the central government to prevent homecoming flows are delaying joint holiday leave and issuing homecoming restrictions for State Civil Apparatus (Aparat Sipil Nasional / ASN), members of the military forces (TNI), members of the national police (POLRI), and employees of the state-owned enterprises (BUMN). Other things that can be done to help prevent homecoming flows, namely: 1) immediately cancel inter-city mass transportation modes; 2) increase the capacity of the telecommunications network and free internet quotas so that communication continues to run well during the holidays; 3) push for a policy that prohibit homecoming in private companies with control through the geotagging system.

All regional governments also have an obligation to anticipate a wave of homecoming through: 1) enforcement of records at every entrance of the territory; 2) mandatory reporting within 1x24 hours for migrants at the neighborhood (RT) and community (Rw) level; 3) applying the status of people under monitoring (ODP) for every migrants and oblige them to conduct home isolation; 4) the obligation to use a mask for everyone; 5) preparation of health services for surge cases; 6) providing economic stimulus and social security for the poor and vulnerable groups.

⁶ Article 55 of Law No. 6/2018 concerning Health Quarantine

⁷ Muhammad Khadafi. Jokowi siapkan 6 senjata untuk redam dampak ekonomi Corona, ini rinciannya.

<https://ekonomi.bisnis.com/read/20200331/9/1220433/jokowi-siapkan-6-senjata-untuk-redam-dampak-ekonomi-corona-ini-rinciannya> . 31/03/2020

Recommendation

The stakes are high should the government delays or makes mistakes in handling COVID-19. Public safety is one of them. On one hand, the government seems hesitant to implement major policy changes, but on the other hand they are slow to respond to public health needs. The government must be firm in taking all policies to ensure public safety above all priorities, even if it includes a ban on homecoming nationally.

The government has two options. The first one is the implementation of what is now called the Large-Scale Social Restrictions and mitigation through various types of budget that will be disbursed with consequences that the epidemic will last longer and result in more fatalities. The longer the epidemic lasts, the economic activities will close longer and even go bankrupt which triggers an increase in unemployment. When poverty increases, the long-term domino impact will cause an increase in school dropout rates and a decline in the competitiveness of Indonesia's human resources.

The second one is that the government acts more quickly and optimally, including imposing an immediate total suppression strategy (including Large-Scale Social Restrictions, regional quarantine; check Position Paper of CISDI⁸) while testing and tracking of cases are carried out on a massive scale. With the 'all out' efforts, the epidemic is predicted to run shorter with fewer fatalities.

While the government claims that one of the biggest challenges in applying a more strategic policy is fund limitation, the government has now spent a large amount of resources anyway. So why not make a total effort at the same time? Multisectoral engagement are among one of the ways to help the government mobilize resources that can still be optimized.

The government should realize that health investment is an economic investment. The Large-Scale Social Restrictions must go hand in hand with serious and massive testing, isolation, and tracking efforts, as well as public education about policies taken by the government. Quarantine the red zone area becomes a mandatory option while demanding the government's ability to fulfill the provision of health services and inspection facilities. Without it all, the willingness and seriousness of the government to deal with this outbreak is worth our questioning because human life should be a top priority without compromise.

⁸ CISDI. 2020. The urgency of applying aggressive social restrictions to reduce death and burden of handling patients in hospitals due to COVID-19