



MSF INDONESIA COVID-19 RESPONSE

29 NOVEMBER 2021 – MEDECINS SANS FRONTIERS / DOKTER LINTAS BATAS



OUTLINE

- MSF AND MSF IN INDONESIA
- COVID-19 IN INDONESIA
- MSF INDONESIA COVID-19 RESPONSE

COVID-19 cases in INDONESIA





DOKTER LINTAS BATAS

WHO ARE WE?

A private, non-profit, international medical humanitarian organisation

Focus is on the medical action and intervention first with "Témoignage" as an inseparable component



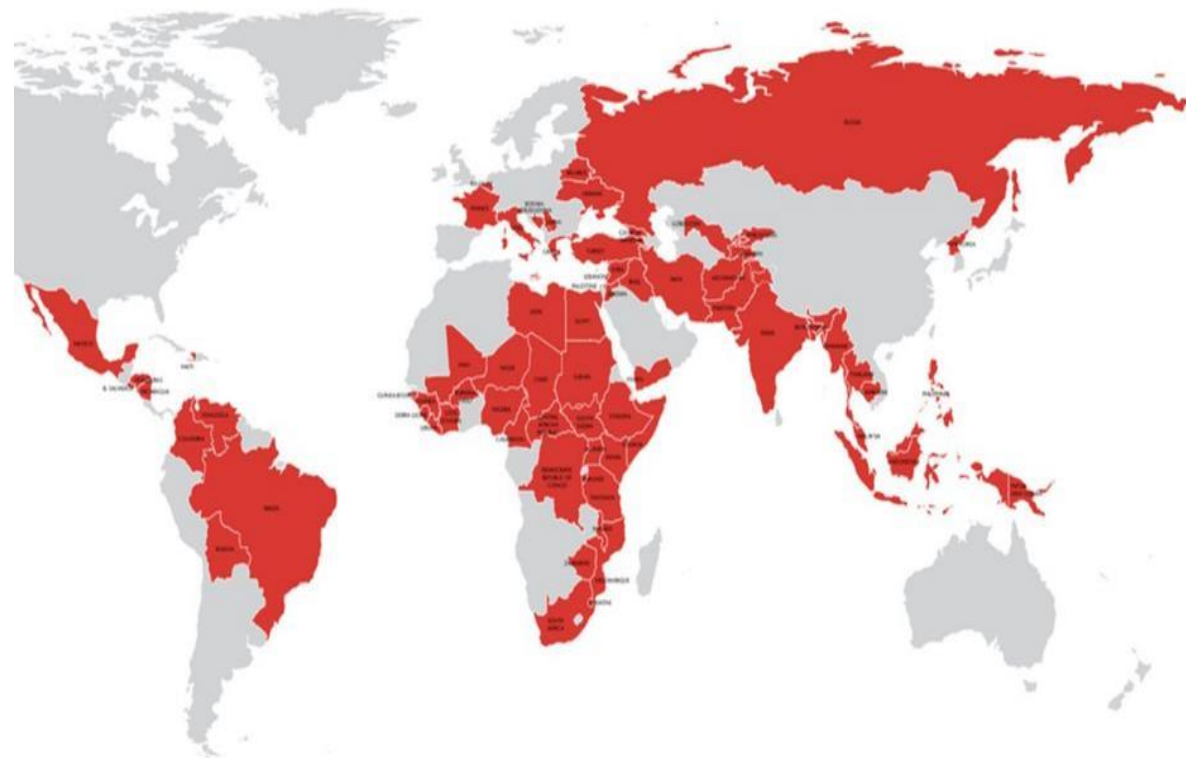
HOW WAS MSF STARTED?



Founded by group of French doctors Dec. 1971
who worked with the Red Cross during Biafra-war.



Today, we are in over 90 countries around the world with national and international health care professionals, logistics and supply experts and administrative staff bound by our passion to help people in need.



In 1999, MSF received the Nobel Peace Prize in recognition of its pioneering humanitarian efforts on several continents.



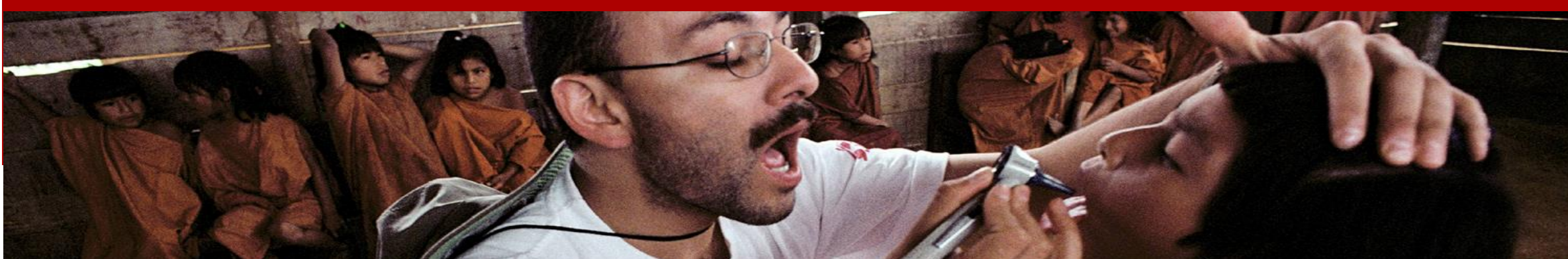
MEDICAL ASSISTANCE

Curative and Preventative

Proximity to people most in need

Preserve life, alleviate human suffering, restore dignity





**without
discrimination and
irrespective of**

ethnic affiliation
religion
creed
political affiliation
sex



PRINCIPLES AND VALUES



and demands according to

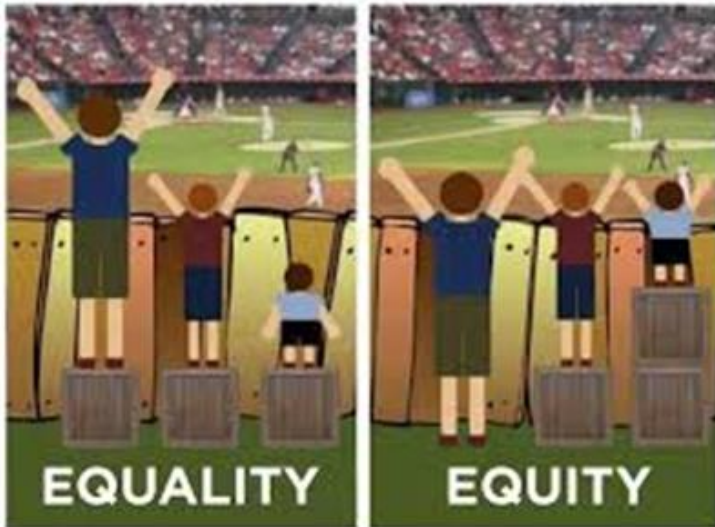
- **neutral**
- **impartial**
- **independent**

medical ethics

international humanitarian law

full and unhindered freedom to exercise its functions

MSF IN INDONESIA



Humanity

- Motivation for action/intention
- Independence

Impartiality

- No distinction except need
- Independent assessments
- Not mathematical equality but equity – biggest needs are prioritized

WHEN DOES MSF INTERVENE?



1 DEFAULT

- When MSF reacts to a **sudden crisis**
- Justification would be needed **not** to intervene
- Examples: **conflicts, natural disasters**



2 CATALYST

- When MSF aims to break an **existing unacceptable equilibrium** leading to intolerable harm to dignity, and suffering or mortality
- Examples: **endemics, exclusion, under-served populations**

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INDONESIA

World's **4th most populous nation** and the world's **largest Muslim-majority nation**

Estimated population: **270 million**

Home to more than **300 ethnic groups** with approximately **500 spoken languages and dialects**.

Consists of more than **17,000 tropical and volcanic islands** that straddle the equator between the Indian and Pacific Oceans.

Principal regions: islands of **Java, Sulawesi and Sumatra** as well as **large parts of Borneo and New Guinea**.



MSF IN INDONESIA

1995 Started working in Indonesia

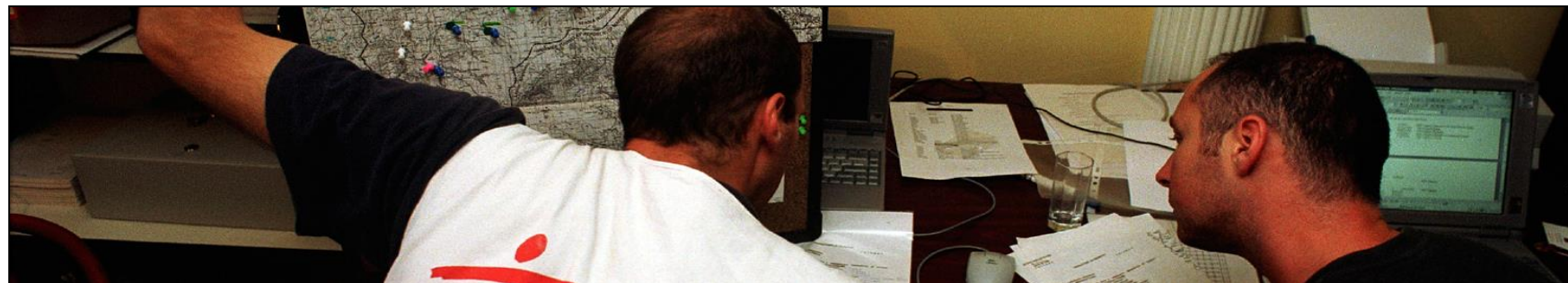
- Emergency response to disasters
- Displacement
- Malaria/TB
- STD/HIV prevention

2016 Returned to Indonesia

- Adolescent Health
- COVID-19

Capacity building within Emergency preparedness and response

2009 Departure



MSF RESPONSE INDONESIA

Sulawesi 2018

Lombok 2018

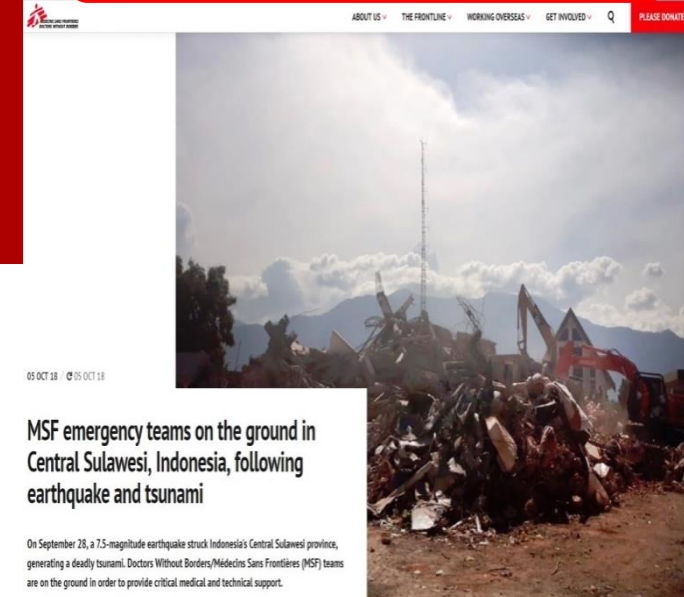
Lebak 2020

Aceh 2004

Mamuju 2021

Lhokseumawe 2020

Labuan/Carita 2018



COVID-19 INDONESIA



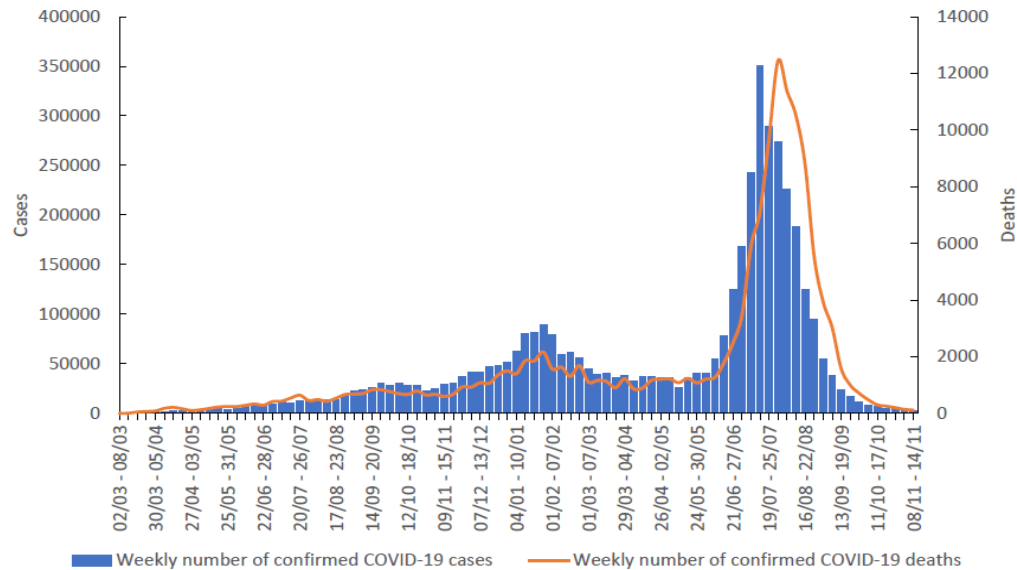


Fig. 2. Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 14 November 2021. [Source of data](#)

COVID-19 Situation in Indonesia

(as of 17 November 2021)



Confirmed cases
4 251 945



Deaths
143 698



Recovered cases
4 099 857



People tested
34 100 429



Total vaccinated

Fully vaccinated 86 318 225	Partially vaccinated 45 747 075
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DAILY AND CUMULATIVE # OF CASES

(WHO INDONESIA COVID-19 SITUATION REPORT – 81)

INCIDENCE

(WHO INDONESIA COVID-19 SITUATION REPORT – 81)

Incidence started to **increase middle of 2020** and steadily increased through 2 peaks in 2021. After the 2nd peak, increased **efforts on testing and vaccination pushed** the incidence down to the levels it is today.

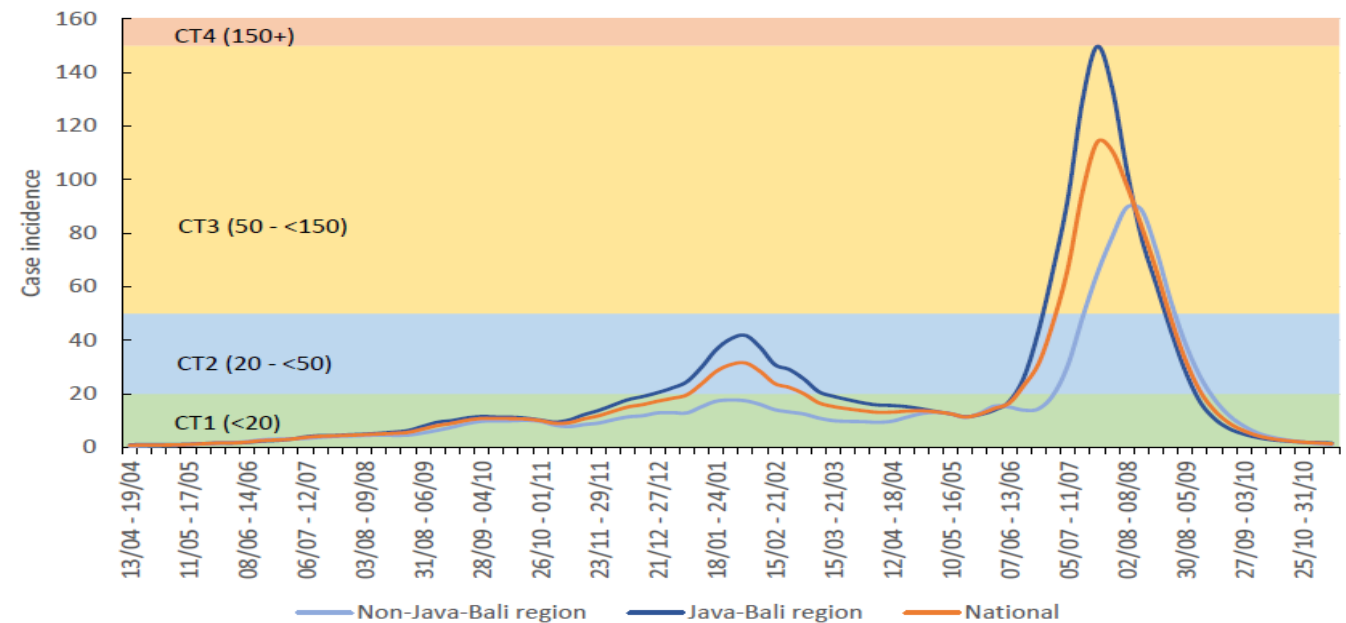


Fig. 3. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported at national and subnational levels (Java-Bali and non-Java-Bali) from 13 April 2020 (when Indonesia first reported community transmission in the country) to 14 November 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

TESTING

(WHO INDONESIA COVID-19 SITUATION REPORT – 81)

Nationwide test positivity proportion has remained below 2% in the last 5 weeks.

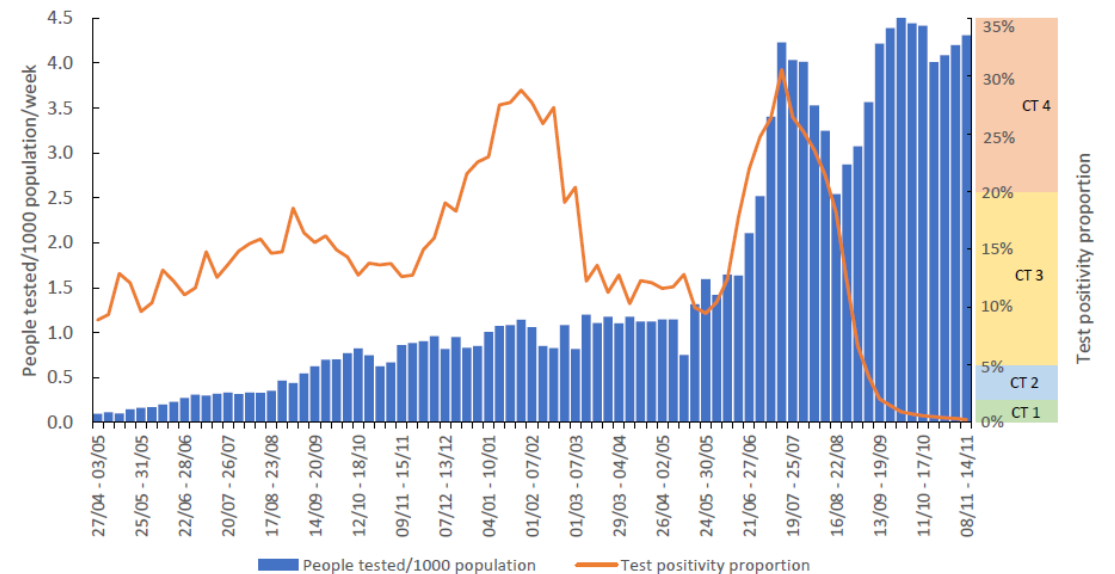


Fig. 6. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 14 November 2021, classified by level of community transmission (CT): CT1: low incidence (< 2%); CT2: moderate incidence (2% - < 5%); CT3: high incidence (5% - < 20%); CT4: very high incidence (20%+). [Source of data](#)

VACCINATION

Target population include

- health workers
- elderly
- public workers
- gen pop
- 12-17 yo

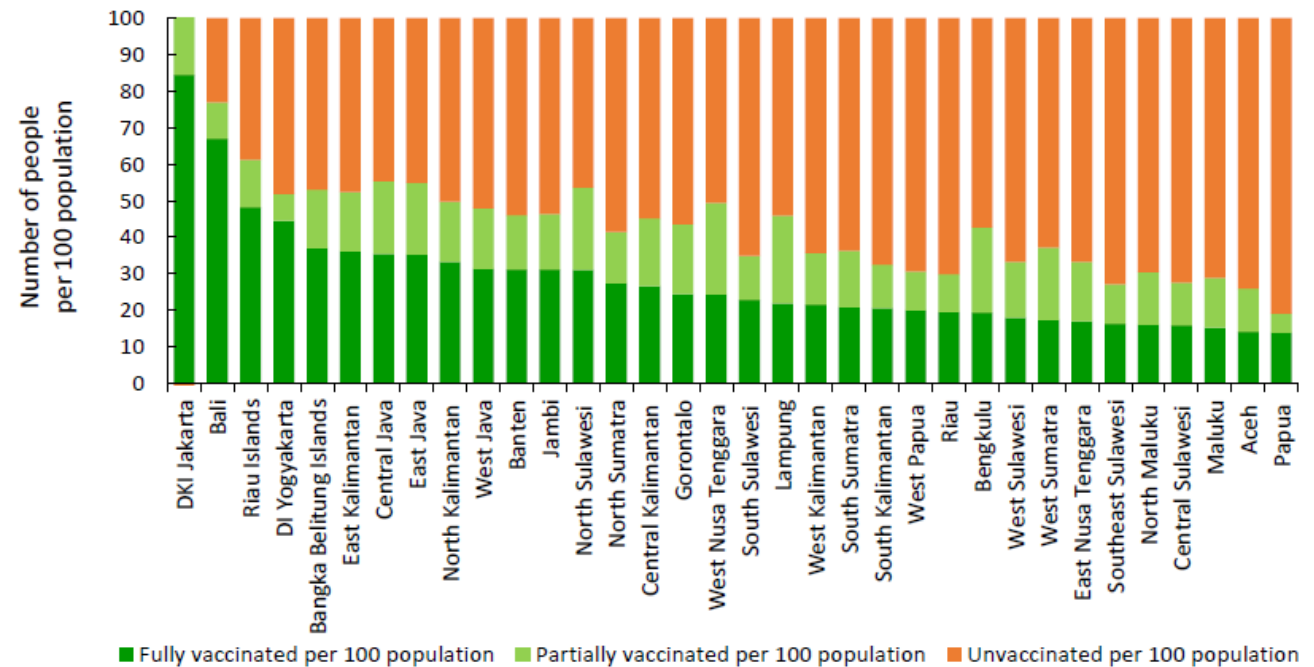


Fig. 11. Number of people fully vaccinated, partially vaccinated and unvaccinated (zero dose) for COVID-19 per 100 total population by province in Indonesia, as of 17 November 2021.

[Source of data](#)

MSF INDONESIA COVID-19 RESPONSE



DISASTER AND HEALTH CRISIS PREPAREDNESS AND MITIGATION

- Reducing Health Risks and Impacts of Disaster and Health Crisis
- Improving COVID-19 Prevention and Control



IMPROVING COVID-19 PREVENTION AND CONTROL

- Strengthening the COVID-19 Task Force at subdistrict level in the efforts to control COVID-19
- Strengthening capacity of Community Health Center in preventing and controlling COVID-19
- Communicating Risks and Involving Community in Prevention and Control of COVID-19
- Providing Supports for Psychosocial Mental Health
- Supporting Indonesian Medical Association (IDI) and other stakeholders in preventing and controlling COVID-19
- Improving capacity in managing post-peak and post COVID-19 pandemic.



STRENGTHENING THE COVID-19 TASK FORCE AT SUBDISTRICT LEVEL IN THE EFFORTS TO CONTROL COVID-19

BANTEN

- Regular coordination meetings with sub-district and village taskforce that is composed of representatives from the government, the health center, religious sectors, schools and other stakeholders in the community such as police, tourism etc.

JAKARTA

- Planning and discussions with the Pusat Krisis Kesehatan and lobbying with other actors

STRENGTHENING CAPACITY OF COMMUNITY HEALTH CENTER

BANTEN

- Donation and trainings on use of PPE, alcohol-based hand rubs, rapid antigen tests for Covid-19 (Panbio)
- Trainings and health education sessions on COVID-19 IPC, Contact Tracing, Patient flow and management, MHPSS
- Support and trainings for cleaners and environmental agents on IPC and hygiene measures
- Supported COVID-19 vaccination campaign
- Improved waste zone and management of Carita

JAKARTA

- Improving connection between community health volunteers (cadres) and the health center, including for contact tracing and monitoring patients on home isolation
- Training on how to empower health cadres in COVID-19 IPC
- Development of tools and modules

COMMUNICATING RISKS AND INVOLVING COMMUNITY IN PREVENTION AND CONTROL OF COVID-19

BANTEN

- MSF Health Promoters trained cadres from all the villages and selected schools and community groups to deliver COVID-19 health messages in Labuan and Carita
- Information Posts were established in key places
- IEC materials were developed and distributed
- Participated in the promotion of health protocols
- Installed handwashing points together with village taskforce

JAKARTA

- Developed training modules on COVID-19 IPC and MHPSS
- Trained adult and adolescent cadres to disseminate information in the community
- IEC materials developed and distributed
- Installed handwashing points and trained cadres on maintenance and promotion of it

DIGITAL HEALTH PROMOTION COVID-19

Previous campaign ran January – April 2021

- Objective: Reach as many people as possible with COVID-19 health promotion videos to raise awareness about protective measures towards COVID-19
- Result: 55.3 million - 324.000.000 views

New campaign being developed on vaccination and MHPSS – launch Q4 2021

- Objective: Reach as many people as possible with the message on the importance of vaccines and being vaccinated



PROVIDING SUPPORTS FOR PSYCHOSOCIAL MENTAL HEALTH

BANTEN

- Provided direct counselling at the start of the pandemic, linked to capacity building
- Training health center workers and cadres on MHPSS particularly PFA

JAKARTA

- Developed MHPSS Booklet and activity books based on training modules and discussions with cadres
- Also provided PFA to some of the cadres
- Launched booklet together with the PKK to be adopted and distributed by government and other NGOs
- Trained cadres on how to use materials to beneficiaries in the community
- Connecting with Psychologists in the *Puskesmas* (public health center)



DOKTER LINTAS BATAS

SUPPORTING INDONESIAN MEDICAL ASSOCIATION (IDI) AND OTHER STAKEHOLDERS IN PREVENTING AND CONTROLLING COVID-19

BANTEN

- As part of the taskforce, supported and provided health education and trainings for different groups such as schools, other sectors of the government, youth groups and others
- Donated PPE and other materials

JAKARTA

- Did trainings for and together with IDI for doctors and other health workers offline and online including webinars and training for the staff of the isolation facility for mild to moderate cases
- Conducted Safe Transport Training for MDMC
- Donated PPE



DOKTER LINTAS BATAS

IMPROVING CAPACITY IN MANAGING POST-PEAK AND POST COVID-19 PANDEMIC

- Evaluation pending at end of program
- Documentation of lessons learned and best practices
- Finalization of Tools and Modules

SUMMARY

- Community Engagement is key to implementation of sustainable activities.
- COVID-19 is not yet over.
- There is a need to be vigilant and revise health messages to consider the current situation and pandemic fatigue.
- Swiss cheese model – no one intervention is effective, unless all are done.

TERIMA KASIH