

John Torpey 00:04

Welcome to International Horizons, a podcast to the Ralph Bunche Institute for International Studies that brings scholarly and diplomatic expertise to bear on our understanding of a wide range of international issues. My name is John Torpey, and I'm Director of the Ralph Bunche Institute at the Graduate Center of the City University of New York.

John Torpey 00:25

Today we discuss the coronavirus crisis in Indonesia with an Indonesian expert on the subject, Irma Hidayana. Irma Hidayana is an independent public health activist in Indonesia with a PhD in health and behavior studies from Columbia University. Her research focuses on the impact of the baby food industry on health, on conflict of interest in public health, and on public health and human rights. In early March 2020, she co-initiated LaporCovid-19, a citizen-led data science project, using an open source platform that allows people to report COVID-19 related data and information. And as a result of this work, she came to represent Indonesia at the Reuters NEXT 2021 summit on COVID-19 in January 2021. Welcome Irma Hidayana.

Irma Hidayana 01:23

Hello John, how are you?

John Torpey 01:25

Great. Great to have you with us.

Irma Hidayana 01:27

Thank you so much.

John Torpey 01:29

Yes, thank you. So we've been hearing claims that Indonesia is essentially the next India when it comes to the coronavirus pandemic. How would you describe the current Covid situation in Indonesia right now?

Irma Hidayana 01:49

Well, we're not the next India but actually we are. I mean, the new daily cases has surpassed India, the cases in India. So right now, the situation is not really good. It's getting worse, I guess. Over the past week the positivity rates of the coronavirus cases is about 40%. So that means that the transmissions of the virus is very, you know, very high. And I'm talking specifically not only in Jakarta, the capital city of Indonesia, greater area, but also across the Java Island, and also Bali.

Irma Hidayana 02:41

And we need to look at the other islands outside Java and Bali, too, because we still have low testing. The testing is not proportionally distributed across the country. Most testing still only be done in Jakarta, the capital city of Indonesia. So that's only talking about the testing. So we have a lack of testing still. According to WHO actually, at least per week we need to test over 1000 people. But Jakarta actually has made the standard, even beyond, six times beyond the standard, but the other provinces, they are still way way under the standard. That's the testing.

Irma Hidayana 03:34

Let's see the health facilities, the hospitals. So June is a very - since June this year, it's a very, very, you know, tragic situation in Indonesia. There are so many people who would turn away from one hospital to other hospitals like 10 hospitals, 15 hospitals, and put them at risk of dying because they don't get any medical help, any medical assistance because of the infection that they have. And then, as a result, actually there are so many people who died when they are doing self-isolation at their home. And we actually recorded; we identify; we collect the data from the media, mainstream media, from the social media, from our network. And we try to verify the data and informations on those who [died] at home when they're doing self-isolations. And since June the number of people who died when they are in self isolations at home is reaching 625 people. So this is very bad. Those 625 people, at least, they died at home, because they were rejected. They were turned away from the hospital because the hospitals is overcapacity. So I would say we are our health system right now is in collapse. Otherwise, they could still admit new patients. And when you are here...

John Torpey 05:21

Wow. You've raised a number of different things that I want to talk about. I mean, first of all, you referred to "we have", you know, gathered this data. Who's we? Can you tell us a little bit more about the organization or group that you're talking about?

Irma Hidayana 05:36

Right, sure. So, as you mentioned, in your introduction, I co-initiate this initiative, namely, LaporCovid-19. It's actually in English when you translate it, it's literally "report COVID-19". So this platform is actually... I use WhatsApp and Telegram, chatbot, to facilitate people to report any information, any data in their surrounding area that they know about COVID-19. That includes like, if they have clinical symptoms, that leads to COVID-19, for example, or if their member of the family die without any medical help. If they need hospital, for example, they could they could just text this chatbot. And then we have a number of volunteers who actually are on board watching on the dashboard, and then follow up one by one the messages that come through the chatbot, and then follow up, working together with the local government. So this is what we've done.

Irma Hidayana 07:00

So, actually, we understand that this pandemic situation does not allow us to meet physically. So that's why using this health innovation, technology innovations, I think it could facilitate public participations in order to help the government to control and to prevent worsened virus transmission at the local community. So this is what we do.

Irma Hidayana 07:37

But not only stop there, we also collect data and informations on the ground, specifically using official data at the city level. We have 514 cities across Indonesia, and each city, they have their own COVID-19 dashboard informations. And then this is the most interesting part, the number that appear in each city actually sometimes [is] different with the number that is officially published by the central government. So the central government actually only published the national number and those national

numbers were actually gathered from city-based data and information. But sometimes there are a gaps, a huge gap, in the number that the official central government reported.

Irma Hidayana 08:40

Like for example, in 25th of June, the number of people who [died], the death number from COVID-19 confirmed cases that is published and officially announced by the government is only like 50,000 something, but then the actual number that we collect from one by one across 514 cities in Indonesia, it's actually close to 69,000. So you see there is a huge gap. This is what we call under reporting cases. But this is still an official data; we're not talking about those who [are] dead but they haven't gotten tested for the PCR testing.

Irma Hidayana 09:33

So we have so many problems here in Indonesia, and we, LaporCovid19, we try to work together collectively with the community, with the journalists, with the scientists, with the epidemiologists, with the public health expert and also sometimes with the local government, together to come up with an analysis and then propose solutions and demand a better, you know, tackling from the government in this pandemic era.

John Torpey 10:12

Right. I mean, the counting of the coronavirus is something we've done, you know, one or two podcast interviews on, actually. I mean, I have generally felt that the real, the better way to assess these these numbers is to use the sort of concept of excess deaths. Right? How many more people die in a particular, year, month, you know, relative to some five year average or perhaps longer, which I think, you know, gets us around a lot of the questions about what exactly, you know, caused the deaths.

John Torpey 10:49

And, I mean, the person who came on and talked about this was an epidemiologist/sociologist who works a lot in Africa on trying to improve reporting and recording of health statistics and mortality statistics and that sort of thing. But it's just very difficult to know, often really, you know, what somebody died of. So the excess deaths measure, it seems to me is generally a much better one. Is that something you've been talking about as well?

Irma Hidayana 11:20

Yes, it is. Actually, we published one paper on excess deaths, but it's only cover[ing] the excess deaths in capital city, Jakarta, and it's all only the data from the last year. We feel it's very difficult to get the excess death data. We need to work with local government, with health office, and with other different like (what do you call) domestic affairs offices at the local level. And then it is very difficult to access the data. So they are not transparent about the data. I don't know what is going on. But I think the political commitment from the local government to open the data of those of any costs for the excess deaths is very difficult. We [were] only success[ful] in accessing data in the capital city. We try to access those data to come up with, with other studies in different provinces in other provinces in Java island, but we couldn't access that data. So right now we are stuck. We cannot continue this excess deaths study. But that's true.

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Irma Hidayana 12:51

So but this could maybe illustrate how intransparent and how the accountability problem that Indonesia is facing right now, is very serious. And you know, when you work to control; in order to control the pandemic, data is the first. You need to have the transparent data and accountable data. So that's why we come to this catastrophic situations, I would say, because so many people died at home, so many people were turned away from the hospital, and so many people cannot get access to the testing and also so many people are still [finding it] difficult to get the COVID vaccination.

Irma Hidayana 13:52

And one more thing I wanted to, since we talked about the numbers, we also build --so our, my initiative, this LaporanCovid-- we also build (what you call?) digital memorial. Digital memorials for healthcare workers. So over the past one and half years, we collect data with the health care organizations, and there are in total 1365 healthcare workers who died from COVID-19. This is at least, because some health workers' families they don't want to, you know, to acknowledge that their family member has died from COVID-19. And this month only --this is still half way of the full month of July-- there are 194 healthcare workers who died from COVID-19.

John Torpey 15:09

Right, it's obviously very dangerous for those who are kind of, you know, what we call frontline workers on the healthcare system. So, maybe, I mean, you cited this figure of 40% test positivity, which is obviously off the charts. And, you know, could you speak to the question, I mean, to what extent does this have to do with the Delta variant or other variants?

John Torpey 15:34

I mean, as you surely know, you know, there's a lot of discussion here in the United States and, you know, a recorded increase in spike in cases because of the Delta variant, which seems to be considerably more infectious than the original coronavirus. But it's not clear that it's really any more, that it produces any more severe disease. And in any case, at least those who are vaccinated, you know, have protection against it, as far as we can see so far. But of course, if you're not vaccinated, you're in trouble, which is really the situation I suppose that most Indonesians find themselves in.

Irma Hidayana 16:20

Right, well, I always say every time to public that the spike, the Covid spike of cases in Indonesia is not only caused by the new Delta variant that is known [to be] very transmittable. And when it is transmitted, it would be exponentially transmittable in a community. Well, that's one case. But there are two important factors that contribute to the spikes of cases that we have right now.

Irma Hidayana 17:02

First of all, a very loosened public health measures. We never had a lockdown in Indonesia, or what you want to call social restrictions, whatsoever. We are very... we're not strict at all. Even though over the past two weeks, the government tried to strengthen the social measure, actually. But still, some people could go to work, like the government categorize these essential workers, they still can go to work. Like for example, those who work in the infrastructure area, for example. There's no urgency for them to go to work to build a building. That is, I mean, you know, you have to stay at home, this is the

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emergency situation. You have to, the government needs to, make sure that everybody is staying at home in order to control the Delta variant transmissions among the community. But this is not the case in Indonesia. Some offices are still open and it is allowed by the government.

Irma Hidayana 18:13

But before, the government also still encouraged the public to go to the mall, to the (what you call, sorry) they still opened recreational areas. And then people are encouraged to visit those recreational areas. So this is I think the illustrations, to best illustrate that the government still prioritizes economy over public health. So this is this is a key, one of the keys, of why we are in this phase.

Irma Hidayana 19:00

And also the number of testing and the very slow rate of vaccination. So these three, the loosened public health measure, so there's no lockdown, very loose restrictions, which allow the virus to transmit at the community level easier. And then secondly, low testing. And then vaccinations, we still have so many problems in... people are still very difficult to register and to find [out] how can they vaccinated their family members. So these three altogether and then plus Delta variant.

John Torpey 19:51

Right. I mean, as you speak, you know, it reminds me of some of the issues that we've had in the United States in earlier stages of this crisis. That, you know, many people basically couldn't afford to take time off to go get tested or eventually, of course, even to get vaccinated because they couldn't afford to not be working. And I mean, I was just reading a book called *Epidemics in Society*, which is really a great book by Frank Snowden from Yale. And he was talking about how, you know, when the plague re-emerged in India in the late 19th century, one of the things that the British actually did was to, you know, provide income supports for people so that they could, you know, quarantine and that sort of thing. And so this is not a new idea, right?

John Torpey 20:41

And it's sort of obvious. And I mean, when we talk about, you know, the social determinants of health, I mean, this is the kind of thing that it's so obvious that this kind of measure needs to be taken or needed to be taken in the US case, so that people could do what they needed to do on the public health side and not worry about, you know, their economic well-being. So I'm assuming that that is not a measure that the Indonesian government, given what you've described so far, I'm assuming that that's not something the Indonesian government has done?

Irma Hidayana 21:14

Yeah, that is not what the government is doing. So we actually have the legal basis of this idea. We adopt the idea that infectious disease is transmitted epidemic, sorry, when pandemic hits our country, actually. So there is a certain public health measure that you need to do like, for example, this lockdown. When you do lockdown, the government has an obligation to fulfill the need, the basic needs, of the community, so they don't have to be worried about their economic well-being, as you said. But unfortunately, the government does not use this legal basis, in doing these restrictions. Instead, they still have... that's why they still choose to loosen the restrictions, maybe because they don't want to feed the people who are most infected by the virus.

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Irma Hidayana 22:26

So this is actually what we're trying to advocate and what we always try to push the government to do. So you need to make sure that everybody, specifically those who are in need, should be assured that they could stay at home without worrying about their economic well-being. But seems, I don't know, but seems that the government would never listen to this demand from us. And as a result, so people are still worrying about their economic life, and then they still have to go outside from their house.

Irma Hidayana 23:11

Like, for example, in Indonesia, there are so many people who live in a poor setting, and they still have to... they still have to find, you know, food to live. And then they don't care about the virus as long as they can eat, and their family can live. It's fine, because when you are infected by the virus, then "well, it's later; it's not happening right now. What we are facing right now is the most important thing that we could eat." So it's kind of like social problem.

Irma Hidayana 23:45

And at the first phase, I think, Indonesia, maybe this pandemic is only the problem of public health. But after six months [that] the coronavirus, this pandemic hit Indonesia, it becomes a social problem. It's getting more of the dimensions, the dimension impact of this pandemic, it is very, you know, multi-dimensional, involving economy, social, people's beliefs, and so on and so forth. So it's getting complicated, the situation.

John Torpey 24:26

Right. So, I mean, as we've sort of hinted at a couple of times already, I mean, the big, the real solution to all this is for people to get vaccinated. And I take it that, you know, there's not much in the way of vaccination going on in Indonesia so far. And of course, this is true throughout, you know, much of the rest of the world outside the wealthier countries. Maybe you could talk about, you know, the vaccination availability, how much of a campaign there is underway to get people vaccinated. Whether there's vaccine hesitancy, which is obviously not the biggest part of the problem at the moment, but could be if vaccines become available. So talk to us about that situation.

Irma Hidayana 25:11

So the government, the first time we roll out COVID vaccination is in mid-January 2021, and the government purchased Sinovac at that time and then the first phase of the vaccination was actually for the health care workers. But before the healthcare workers, all the health care workers, are vaccinated, actually the government didn't really follow the rules of priorities of vulnerable groups; priorities in getting the COVID-19 vaccination.

Irma Hidayana 25:57

Like, for example, according to the WHO recommendations, the top priority group that you need to vaccinate is the healthcare workers and then elderly, and then those with comorbidities, and then public servants and then the public. Or you can go by, after health workers, you can go by the age group, the oldest to the younger people group. But that is not the case of Indonesia. First of all, we violate that rule.

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Irma Hidayana 26:30

Vaccine inequity becomes a huge problem in Indonesia. When the healthcare workers are not fully vaccinated, the government gave the vaccine to the media people. Like I remember that our president gave 5000 doses for journalists. What's the urgency of this? And then they invite like celebrities and creative workers, those young with hundred thousands or a million followers on Instagram or Twitter and other social media, to get vaccinated. And then that way, the vaccination priority as recommended by the WHO is violated and vaccine inequity become a problem. Those who are very vulnerable to COVID-19 infection are left behind. But on the other hand, those who are vulnerable, but they have their tie to the power, they would get the priority to get the vaccine. So this is one problem.

Irma Hidayana 27:54

And right now, when you see the data from the situation report of the World Health Organization, the coverage of vaccination to health workers are not still 100%. There are three big provinces that still have thousands of health workers who are not vaccinated. So in Aceh, one of the provinces that got hit by 2004 tsunami, there are still around 6000 healthcare workers who are not vaccinated yet. And then in South Sulawesi province, there are still around 5000 to 6000 healthcare workers who are not getting the vaccine. And then in Papua, also, the number of health workers who are not vaccinated is still around 4000.

Irma Hidayana 28:56

So we could see that the vaccine access inequity is a big problem in Indonesia. And that overall, the coverage of vaccinations is still less than 20% of the target population of Indonesia. So the target of Indonesia is actually 70% of the whole population, it's around 181 million people, to go to reach to the herd immunity, but I think it's still a long way to go for us to get the vaccination coverage proportionally across the country.

John Torpey 29:46

Right and Indonesia in this regard is sort of typical, I guess of you know, what's going on in much of the non-wealthy parts of the world. I mean, how do you see that all playing out. Is the COVAX initiative going to succeed in getting, you know, a lot of the world vaccinated? Is the United States doing enough? You know, you could sort of say it's pretty clear that that's not the case. But how do you think this is going to play out?

John Torpey 30:18

I mean, there's talk about the vaccination of the rest of the world taking that not being completed before the end of 2022 or later than that. You know, there's a question of ramping up the supply, the manufacturing of the supply. But, how do you see this playing out?

Irma Hidayana 30:38

It's, of course, it's a big challenge for developing countries like us. Like, as we see we got, we purchased Sinovac in addition to the contributions from other countries of COVAX and from the United States, for example. And as we see, it is very, unfortunately, the efficacy and safety of this Sinovac vaccine is way far below those that the US have, like Pfizer, Moderna, and Johnson and Johnson's.

Some people even [are] worried about the effectiveness of the Sinovac against the Delta variant, understanding that there is no complete studies that carefully study this correlations.

Irma Hidayana 31:38

But as we see, as I explained earlier, that there are too many healthcare workers who died and this month only, there are 194 healthcare workers died due to the infections, and most of them are, were fully vaccinated by Sinovac. So it may be there is a correlation while we were waiting for the official studies. But then the Doctors' Association in Indonesia and other healthcare workers' associations have demanded to the government that, they demand another shot of Moderna or Pfizer, for the health workers to boost the immunes of them, understanding they are the frontliners. And the government has already agreed on it.

Irma Hidayana 32:33

But I think speaking about these figures, this public health side, from the perspective of epidemiology, or social perspective, I think, the most important issue that we're facing is actually the political commitment from the government to tackle this pandemic. You know, the number of people who died is more than 60,000 people, who died from the virus. But that's, at least... we don't count the under reporting cases, those who died with probable status -and we're not talking about the excess deaths, too. So with this situation, with the health system is functionally in collapse, the government never acknowledged the real situation that we're not okay.

Irma Hidayana 33:43

Instead, they still say that, "Oh, the situation is okay. We are doing okay and it is not collapsing, but it is just overcapacity". This is very disappointing [to] us, because it shows that the government doesn't show its empathy to the family who lost their family members from coronavirus infection, and it didn't acknowledge how hard we struggle with the oxygen shortage, medicines, drugs, supplies for, even only for vitamins, it's also a little bit difficult to find. What we need is actually the government to acknowledge the situation, and then offer their concrete help to their people. And then to, you know, take very extraordinary actions in order to control and to stop and to slow down the transmissions in the community level.

John Torpey 34:58

Got it. Well, there are many challenges that remain and you know, unfortunately, they're unfairly distributed through the social structure of the the world. So we wish you luck in getting the kinds of responses to put a stop to the tragedies associated with coronavirus. But that's it for today's episode. I want to thank Irma Hidayana for her insights about the coronavirus crisis in Indonesia.

John Torpey 35:29

Remember to subscribe and rate International Horizons on SoundCloud, Spotify and Apple podcasts. I want to thank Hristo Voynov for his technical assistance and to acknowledge Duncan Mackay for sharing his song "International Horizons" as the theme music for this show. This is John Torpey saying thanks for joining us. We'll be taking a summer pause until the end of August when the semester begins again at CUNY and we'll look forward to having you with us when we return to the airways.

International Horizons Episode 60: Is Indonesia the next India? The Coronavirus Crisis in Indonesia
TRANSCRIPT

John Torpey 36:00

Thanks again, Irma Hidayana.