Dilemma of Prioritising Health and the Economy During COVID-19 Pandemic in Indonesia

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Since the detection of the first confirmed case of coronavirus disease 2019 (COVID-19) in early March 2020, 248,852 cases have been detected in Indonesia by 21 September 2020. The case fatality rate (CFR) of COVID-19 in Indonesia is 3.9%,[1] a much lower percentage compared to the CFR in March 2020 (8.9%).[2] The number of daily new confirmed cases exceeded 4,000 in September 2020,1 although many still argued that COVID-19 was still underdetected in Indonesia.[3] In mid-September, Indonesia only had 5.37 tests per thousand population, which was among the lowest in the world.[4]

It is clear that most governments in the world underestimated the risks of rapid spread of COVID-19. The countries were generally reactive later in the crisis response.[5] Many countries are, however, in dilemma of protecting the health of the citizens and prioritising economy recovery.[6] Early in pandemic, the board of professors of Universitas Indonesia wrote a letter to the president of Indonesia and the the head of COVID-19 Task Force to suggest prompt implementation of partial lockdown and to provide financial assistance for necessitous citizens at the same time. The implementation of full large-scale social restriction / *Pembatasan Sosial Berskala Besar* (PSBB) were chosen as temporary measure followed by an early transition to the new normal era. There was, however, flawed perception of the current COVID-19-related condition in Indonesia due to the use of the term 'new normal', which led to the appearance of large clusters after the restrictions were eased.3 Family cluster with different clinical symptoms was also reported in Indonesia.[7] Many parties have restarted economic activities during the never-ending first wave in Indonesia and thought that the COVID-19 vaccine was available in the near future.[8] COVID-19 pandemic resulted in different economic impacts depending on the types of workers. Working from home is a feasible activity to many office workers, whereas workers in industrial, retail, transport, and tourism fields suffered a significant decrease in work.[5] In early period of the pandemic, Indonesian government has already estimated that millions would fall into poverty and lose their jobs during COVID-19 pandemic.[9]

Prior to the pandemic, Indonesia only had 2.7 intensive care unit (ICU) beds per 100,000 people and the ratio was among the lowest in Asia.[2] In early pandemic, only 50% of state-owned hospitals were equipped with mechanical ventilators.[10] Currently, the mechanical ventilators are still limited in number and unevenly distributed. There is also international shortage of personal protective equipments (PPE) for healthcare workers.[6]

Many healthcare workers in Indonesia had to buy their own PPE or rely on donations. It is also known that at least 100 doctors have died from COVID-19 in Indonesia.

In the capital city, more than 75% of ICU were already occupied in early September 2020. Although the projected increase in ICU bed occupancy level is accompanied by the effort to increase the capacity of ICU in Jakarta, the number of patients requiring intensive care was estimated to be higher than the total number of ICU beds in the city.[11] On the other hand, although new isolation facilities are constantly prepared by the government, the number of isolation beds for COVID-19 patients were also projected to outnumber the amount of available beds in Jakarta. Without additional intervention, number of local patients requiring isolation wards may reach 4,807 in 6 October 2020, whereas such high amount of isolation beds is only available for use in 8 October 2020.[11] Therefore, the local government of Jakarta decided to implement full form of PSBB for a second time starting from 14 September 2020 as an emergency brake measure.

HEALTH VS. ECONOMY

Health is crucial for the prosperity of any society.[6] World Health Organisation suggested dual-track health system management during the pandemic. Countries should focus on both COVID-19 and other forms of essential healthcare.[12] The failure to suppress the spread of COVID-19 may have adverse impact on the economy. Poor health is estimated to reduce global gross domestic product (GDP) by 15% annually through premature deaths as well as potential loss of productivity of the working-age citizens.[13] In general, pandemics also depress economy through decrease in both supply and demand.[14]

It is true that we should not forget the past, but we should learn from it instead. The analysis of data from flu pandemic in 1918 suggested that areas that were affected more severely by the flu pandemic had steep and continuous drop in real economic activity. The severely affected areas had relative decrease in consumption of durable goods, bank assets, manufacturing production, and manufacturing employment.[15]

Areas that implemented early non-pharmaceutical health interventions extensively did not suffer from adverse economic impact over the medium term. Moreover, areas with early action had a relative increase in real economic activity following the pandemic. In other words, pandemics may have substantial economic costs, but non-pharmaceutical health interventions will result in improved economic outcomes as well as lower mortality rates. The interventions implemented during the pandemic a century ago were similar to those implemented during COVID-19 pandemic, including restrictions on business hours, quarantines of suspected cases, prohibition of public gathering, as well as closures of theatres, schools and places of worship. Aggressiveness and speed of interventions are essential[15], whereas the relaxation of containment measures may potentially cause health consequences.[6] Taiwan may be a successful role model for pandemic management despite its proximity to mainland China where the outbreak began. During the pandemic, the government of Taiwan planned an early deployment of epidemic control action. The epidemic has been well-controlled since April 2020. Afterwards, the manufacturing purchasing managers index in July rebounded to the highest point in the previous six months. Merchandise exports and consumer confidence also rose after the economy was battered by COVID-19.[16]

During COVID-19 pandemic, governments generally require two policy instruments, namely mitigating policy, and post-COVID-19 recovery and rejuvenation policy. The former will involve containment measures, provision of PPEs and incentives for healthcare workers, and enhancement of testing and isolation facilities. Post-COVID-19 recovery and rejuvenation policy will ensure lockdowns and physical distancing in the society, since previous systematic review and meta-analysis concluded that physical distancing of 1 m or more during COVID-19 pandemic led to lower transmission of virus with moderate certainty compared to distance less than 1 m (pooled adjusted odds ratio 0.18, 95% confidence interval 0.09 to 0.38).[17]

By prioritising health, we could reduce health inequity, improve resilience, and greater

economic well-being. We could achieve 70% of the economic benefits with adoption of healthier behaviours, cleaner environments, as well as improved access to preventive medicine and vaccine. On the other hand, treatment of diseases only contribute to the remainder of economic benefit.[13]

EVIDENCE-BASED SUGGESTION

We should not cry over spilt milk due to the lack of early and aggressive interventions in early 2020 in Indonesia. Health should still be prioritised because it is an important aspect of our lives for our economy. The target of enhancement of containment measures, provision of PPEs, and testing and isolation facilities should be achieved earlier and be more than the estimated demand.

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